

Name
in
Full

Ella Rebecca Adams

CERTIFICATE OF DEATH

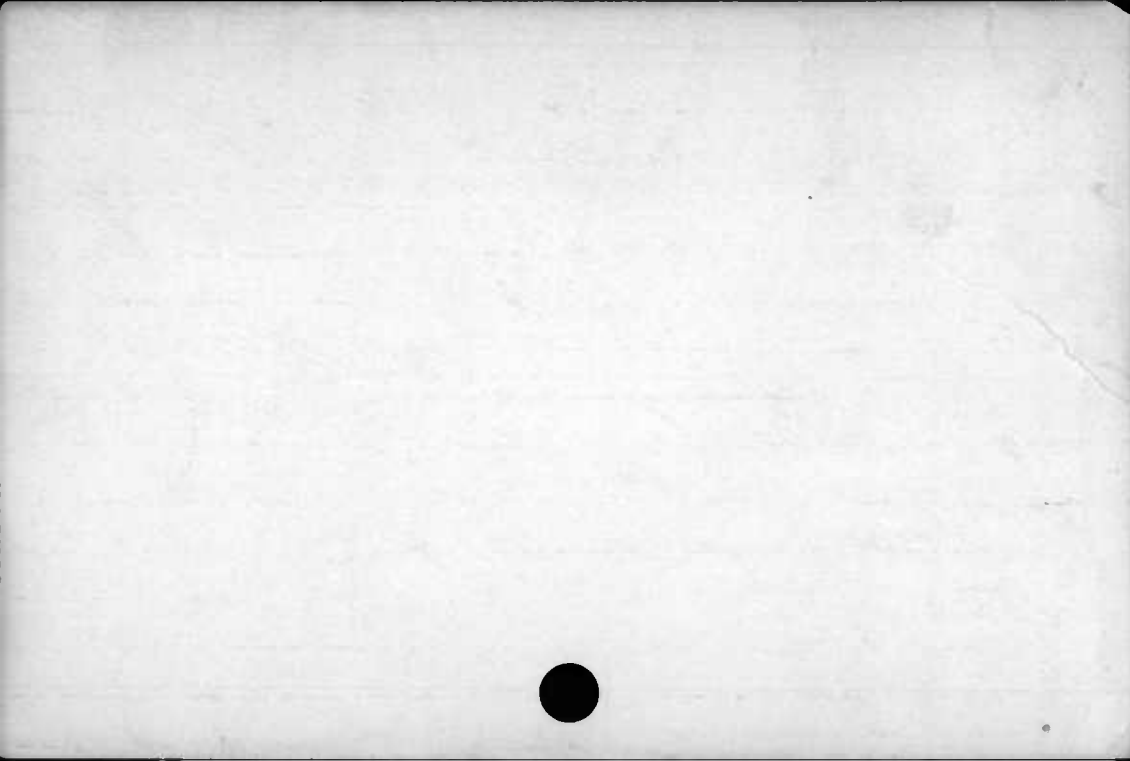
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MT Winans</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Jan</i> ^{Month}	<i>15</i> ^{Day}	Age <i>—</i> ^{Years}	<i>2</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt Co. Md.</i>	
Married, Single or Widowed <i>Infant</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. W. Adams</i>			Father's Birthplace <i>Balt. Md.</i>		
Mother's Maiden Name <i>Lucy Fook</i>			Mother's Birthplace <i>Balt. Md.</i>		
Name of person giving information <i>Geo. W. Adams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH *93*

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl, M.D.</i>
<i>No</i>	Address <i>Lansdowne Balt Co Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Name in Full **Laura Albright**
 Town **Granville** County **Belt**
 Died at **Granville** **Belt** **MARYLAND**
 Date 19**03** Month **Jan** Day **8** Y. **Y.** M. **4** D. **12** Native of **Ind** Occupation **Housewife**
 Age **33** **4** **12** **Ind**
~~Male~~ **White** ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **3**
 of **about albright** **138**
 Wife **about albright**
 Father's Name **Charles Platt** Mother's Name **Sarah Taggart**
 Cause of Death { Primary **Purpura Cerebra** How long sick **24 hours**
 Immediate **Exhaustion and Coma** ~~Accident, Suicide, Homicide~~
 Reported by **D. J. Goble and Wm. W. Ward, M.D.**
 Address **Granville Ind.** **Granville Ind.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glyndon</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>1</i>	Age <i>87</i>	Months <i>5</i>	Days <i>1</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Gwynne Oak Md.</i>	
Married, Single or Widowed			Occupation <i>Wheelwright</i>		
Name of Wife or Husband					
Father's Name <i>Charles Ambrose</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Aulmany</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs. Thos. E. Gill</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Infirmitie of old age</i>	How long <i>4</i>
Immediate <i>Hypostatic Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Drach M.D.</i>
	Address <i>Butler Md.</i>
Accident or Suicide?	

To be buried at Mt Zion.
Sunday Jan 4-1903
by me

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beugus</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>15</i>	Age Years <i>60</i>	Months <i>1</i>	Days <i>9</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>farmer</i>				
Name of Wife or Husband <i>Mary C. Asher</i>					
Father's Name <i>Wm Rava Asher</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Sarah Wigley</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information <i>Orin Asher</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Cancer</i>	How long <i>1 - 2 yrs</i>
Immediate <i>asthenia</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W Harrison</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Martin Bates

Died at ^{Town} *Govanstown* ^{County} *Bath*

MARYLAND

Date *Jan 28* ^{Month} *1903* ^{Day} *1903* ^{Y.} *68* ^{M.} *68* ^{D.} *68* ^{Native of} *Germany* ^{Occupation}

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Number of children living *2*

Husband of *Sarah J Bates*

Wife of *Sarah J Bates*

Father's Name *Don't know* Mother's Name *Don't know*

Cause of Death { Primary *Heart Failure* Immediate *Heart Failure* } *179*

How long sick *about 1 month*

Accident, Suicide, Homicide

Reported by *John Barron MD*Address *Govanstown*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Time
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Abraham J. Biddison</i>						TOWN <i>Fazelsville</i> COUNTY <i>Rockingham</i>		Died at <i>Fazelsville (Rockingham) W. Va.</i>		STATE <i>MARYLAND</i>	
Date of death 190 <i>3</i>		Month <i>1</i>		Day <i>21</i>		Age <i>82</i> Years		Months		Days	
Sex <i>male</i>				Color or Race <i>white</i>				Birth-place <i>Balto D.</i>			
Married, Single or Widowed <i>Widowed</i>				Occupation <i>None</i>							
Name of Wife or Husband <i>Hester Biddison</i>											
Father's Name <i>Abraham Biddison</i>				Father's Birthplace <i>Balto Co</i>							
Mother's Maiden Name <i>Susan Bungan</i>				Mother's Birthplace							
Name of person giving information <i>Wm Biddison</i>				How related to deceased <i>Son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long <i>1 1/2 Year</i>	
Immediate <i>Coma, from pneumonia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm B. Borse</i>	
		Address <i>Gardenville Md</i>	
Accident or Suicide?			

Henry Docklage

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 11

Age 52

M. D.

Md

Teamster

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

8

Husband

of

Barbara Wilhelm

Father's

Mother's

Name

Francis C. Docklage

Maiden Name

Elizabeth Fromlage

Cause of

Primary

Arterial Sclerosis of Nephritis

How long sick

about one month

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

C. N. Arkey

120

Address

2. Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Jan. 14th 1903

Germanus Thane

Undertaker

Name in Full

Certificate of Death

Richard C. Bohling

Town

County

Bolto

MARYLAND

Died at

Grenton

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

1

12

Age

82 6

md

Boysen

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mary Bohling

Mother's

Maiden Name

Cause of

Primary

old age

154

Death

Immediate

Gastric trouble

How long sick

3 or 4 mo

Accident, Suicide, Homicide

Reported by

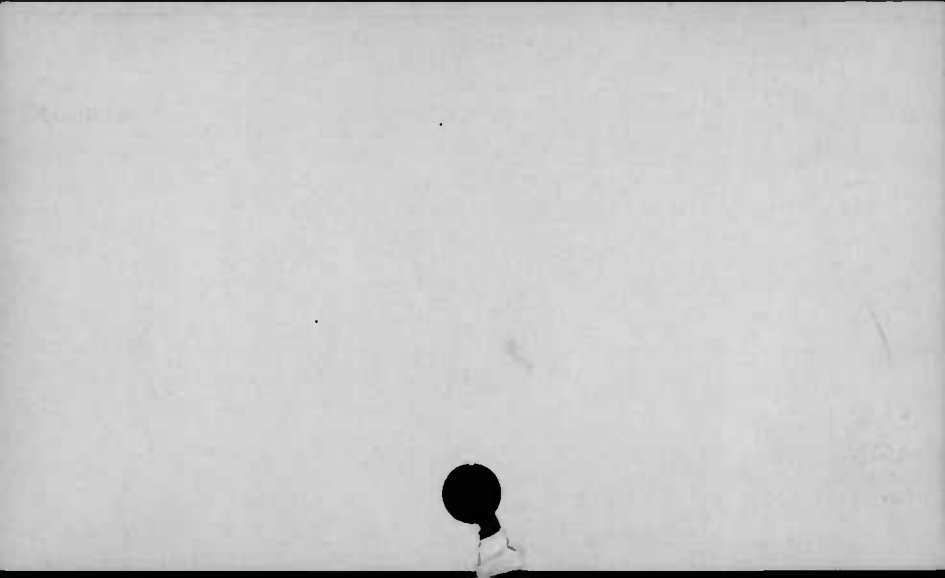
Dr. Jas H. Wilson

Address

Frobblesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Asal J. Batts

CERTIFICATE OF DEATH

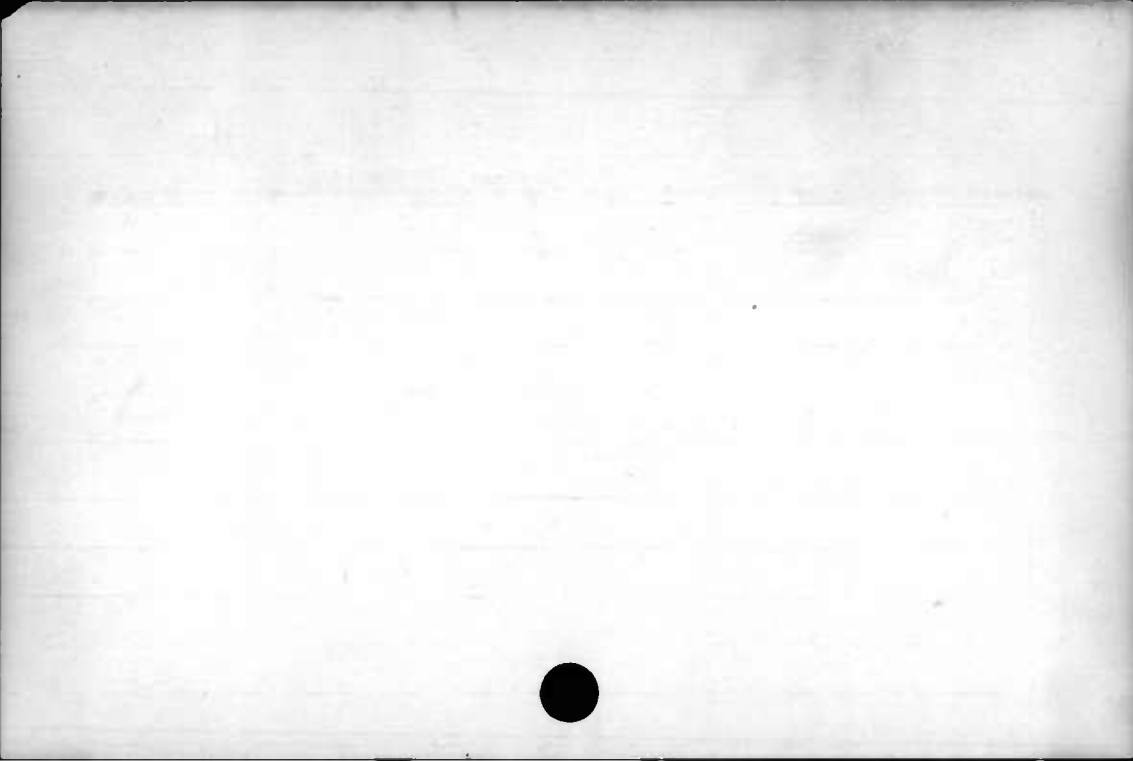
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Bath</i> ^{County}		MARYLAND	
Date of death 1903	<i>Jan</i> ^{Month}	<i>19</i> ^{Day}	<i>46</i> ^{Years}	<i>80</i> ^{Age}	<i>—</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Lapidum</i>		
Married, Single or Widowed	<i>Single</i>		Occupation <i>Farmer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Record, of Mt Hope</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>McLancholia (Senile) - Hypostatic</i>	How long <i>One year</i>
Immediate <i>Congestion of Lungs - Intest. obstruction</i>	How long <i>abt. 2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Hammar</i>
	Address <i>Mt Hope Retreat</i> <i>Baltimore Co Md.</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Lula V. Bowen

Died on ^{Town} Chesnut Ridge ^{County} Balto. MARYLAND

Date 1903 ^{Month} 1 ^{Day} 25 ^{Y.} 8 ^{M.} 7 ^{D.} ^{Native of} ^{Occupation}

~~Male~~ ^{Whites} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ~~Single~~ ~~Widower~~ ^{Number of children living}

Husband of
Wife

Father's Name Louis A Bowen Mother's Name Victorine L. Kumey

Cause of Death { Primary Infantile Paralysis How long sick 6 1/2
Immediate Inanition Accident, Suicide, Homicide

Reported by Dr. Thos. C. Bussey

Address Texas, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Ladders~~ — C L —

A. S. Marshall

Jan 28-03

Name in Full

Certificate of Death

Samuel Bowe

Town

County

Died at Harrows Point Balto. Co.

MARYLAND

Date 1903 1 - 17 Age 18 Y. M. D. Native of Md. Occupation Laborer

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Death

Immediate

Accident

166

How long sick

Accident, Suicide, Homicide

Reported by

Address

For Blair L. P.
Harrows Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine Brady

Town

County

Died at 20 Fair Ave. Balto.

MARYLAND

Date 189-1903 Jan. 31 Age 27-02 Married Widowed
 Male White Married Widowed
 Female Colored Single Widower

Native of

Occupation

Maryland Housekeeping One

Husband of Samuel Brady
 Wife of
 Father's Name Frederick Bellman Mother's Name Mary E. Bellman

Cause of Death Primary Phthisis Pulmonalis. 6 or 7 mos.
 Immediate Asthenia
 How long sick Accident, Suicide, Homicide

Reported by W. J. McAvoy M.D.
 Address 839 S. Canton St. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668

H. Sander Sams
Baltimore Cemetery

Name in Full

Certificate of Death

Frederick N Brehm

Died at ^{Town} Rossview^{County} Adams

MARYLAND

Date 1903 Jan 20

Month Day

Age 2 months

Y. M. D.

Native of Ma

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's Name Frederick Brehm

Mother's Name Amanda Hughes

Cause of Primary

Death Immediate

Pertussis

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

C. B. Mac J. D.

Address

Rossview Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Jim Emma A. Brichthouse

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

January 25-

Age *25-*

Md

Housework

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Tubercular Peritonitis

Accident, Suicide, Homicide

Reported by

S. R. Hartz M D

Address

765 3rd Ave Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Zion C L
A. S. Marshall
June 22-23

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> ^{Town}		<i>Baets</i> ^{County}		MARYLAND	
Date of death 1903	<i>Jan</i> ^{Month}	<i>31</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>man</i>	Color or Race <i>White</i>	Birth-place <i>Baets. Co.</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward B. Brown</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Rosana M. Brown</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Ed. B. Brown</i>			How related to deceased <i>parent</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mary E. Peregoy</i>
<i>Yes</i>	Address <i>306 S. Chute St.</i>
Accident or Suicide?	

A. Sanders & Son

Wm Carmel, Geny

Name in Full		Samuel McGee Bryan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND	
		Town		Baltimore			
		Date of death 1903	Month	Day	Age	Months	Days
		3	January	73rd	55	4	2
		Sex	male	Color or Race	white	Birth-place	Cading O.
		Married, Single or Widowed	married	Occupation	Retired		
		Name of Wife or Husband	M. A. S. Bryan				
		Father's Name	Geo. Bryan			Father's Birthplace	Ta.
Mother's Maiden Name	Susan Blidell			Mother's Birthplace	Kid.		
Name of person giving information	M. A. S. Bryan			How related to deceased	wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary			How long		
		Circumstances of death			112		
		Immediate			How long		
		Dropsy & oedema of lungs			4 days.		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
		yes			J. W. Cityshel		
					Address		
					1644 N. Gay Street.		
					Balt. Md.		
		Accident or Suicide?					



Name
in
Full

Noah L. Bucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boring P.O.</u> ^{Town}			<u>Balto</u> ^{County}			MARYLAND	
Date of death 190 <u>3</u>	Month <u>1st</u>	Day <u>23</u>	Age <u>65</u> ^{Years}	Months <u>6</u>	Days <u>8</u>		
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Houcksville</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>Farmer</u>				
Name of Wife <u>Elizabeth Bucker</u>							
Father's Name <u>Abraham Bucker</u>				Father's Birthplace <u>Houcksville</u>			
Mother's Maiden Name <u>Rebecca Baughman</u>				Mother's Birthplace <u>unknow</u>			
Name of person giving information <u>Elizabeth Bucker</u>				How related to deceased <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Softening of the Brain</u>	How long <u>ten days</u>
Immediate <u>Paralysis of Heart</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. Orach</u>
<u>X</u> Accident or Suicide?	Address <u>Butterfield</u>



Name
in
Full

Nicholas W. Buell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Newford</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month}	<u>26</u> ^{Day}	Age <u>86</u> ^{Years}	<u>11</u> ^{Months}	<u>17</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Carpenter</u>				
Name of Wife or Husband <u>Elean Buell.</u>					
Father's Name <u>Ambrose J Buell</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Rutha Wautty</u>			Mother's Birthplace <u>South Korea.</u>		
Name of person giving information <u>George A Buell</u>			How related to deceased <u>Son.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	<u>64</u>	How long <u>2 weeks</u>
Immediate <u>Hemorrhage of Brain</u>		How long <u>Short time</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thomas C. Baderin</u>	
	Address <u>Germers</u>	
Accident or Suicide? <u>Ind.</u>		



Name
in
Full

John Thomas Burgen.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Perry Hall.</i>		Town <i>Baltimore.</i>		County <i>Baltimore.</i>		MARYLAND	
Date of death 190 <i>3.</i>	Month <i>Jan.</i>	Day <i>29th</i>	Age <i>59</i>	Years	Months <i>0</i>	Days <i>20.</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>				
Married, Single or Widowed <i>Married.</i>	Occupation <i>Farmer.</i>						
Name of Wife or Husband <i>Caroline Virginia Burgen (nee)</i>							
Father's Name <i>John Burgen.</i>	Father's Birthplace <i>Balt. Co.</i>						
Mother's Maiden Name <i>Henrietta Jackson.</i>	Mother's Birthplace						
Name of person giving information <i>Caroline Burgen.</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart & Kidney Disease</i>	How long <i>Uncertain</i>
Immediate <i>Congestion of the lungs.</i>	How long <i>About 18 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. J. Harrison.</i>
	Address <i>Loch Raven.</i>
Accident or Suicide?	

Entertainment Perry Hall
Baltimore

Geo W. Grammer
secretary

Name in Full

Certificate of Death

Charles Burk

Died at

Town
RossvilleCounty
Balto

MARYLAND

Date 1903

Month Day

Jan 16

Age

Y. M. D.

29 years

Native of

Va

Occupation

Larner

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Johnson Burk

Mother's
Maiden Name

Jane Morrison

Cause of
Primary

acute Diphtheria

How long sick

2 months

Death
Immediate

Accident, Suicide, Homicide

Reported by

C. V. Meacham M.D.

Address

Rossville Md

27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lynchburg

Va.

Fred L. Lusk

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years		Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal State		How long	6 weeks
Immediate	Exhaustion		How long	12 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address		
Accident or Suicide?				



Name
in
Full

George F. Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 16 th 10 th ^{Town} <i>Stannell St</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death 190	3	Month	Day	Age	Years
	<i>Jan</i>		<i>31</i>		<i>2</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
			Birth-place	<i>Balto Co</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	
				<i>Physician</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>93</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. N. Shiley</i>	
		Address	
		<i>2. Hudson St Ex</i>	
Accident or Suicide?			

Mudell Lippel & Son
330 S. Bond St.

—

Name
in
Full

Mrs Precilla Caltrider

CERTIFICATE OF DEATH

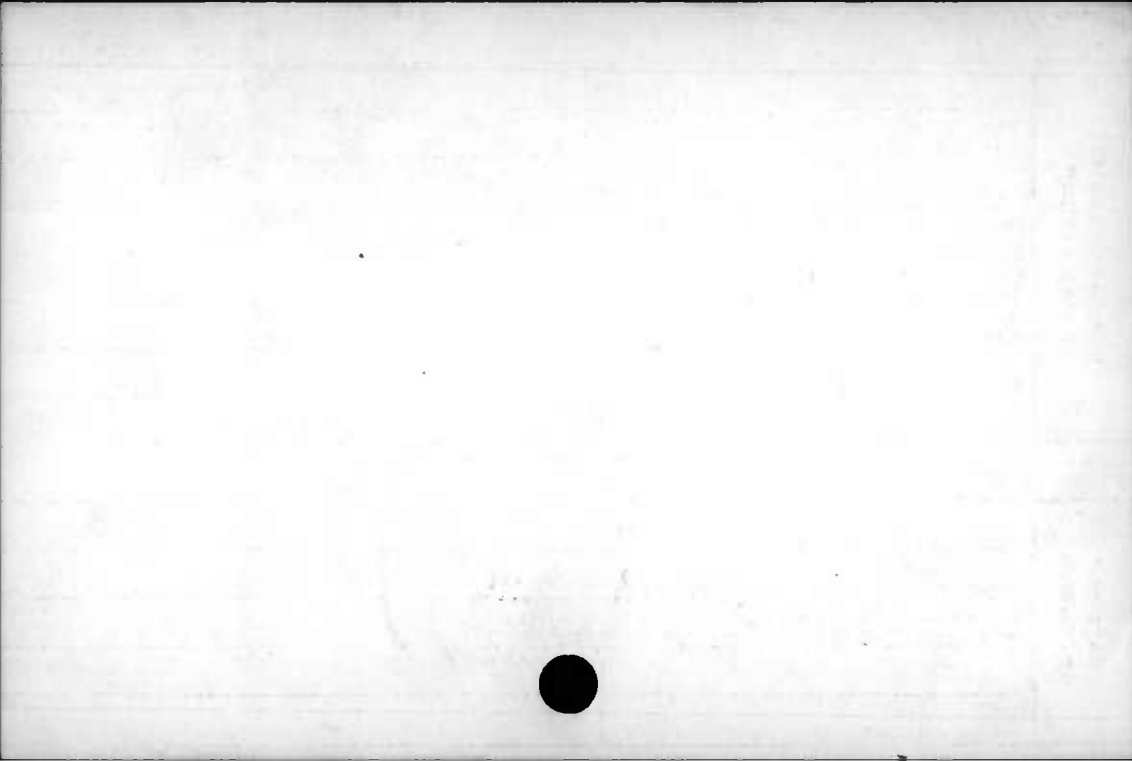
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Washington		County Bald		MARYLAND	
Date of death 1903	Month 12	Day 17	Years 70	Months +	Days +0		
Sex Female	Color or Race White		Birth- place Pa.				
Married, Single or Widowed widowed			Occupation House wife				
Name of Wife or Husband Daniel Caltrider							
Father's Name John Buily				Father's Birthplace Pa.			
Mother's Maiden Name Barbara Buily				Mother's Birthplace Pa.			
Name of person giving In formation Miss Addie Caltrider				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart-disease	How long	2 Years
Immediate	Dropay.	How long	one month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. W. Fair	
		Address	
		12 E. 25th St Baltimore	
Accident or Suicide?			



Name
in
Full

Ella St Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glyndon</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>About 50</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>John S Campbell</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Charles Campbell</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>over 1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. Rawbence</i>
	Address <i>Glyndon, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mr. Campbell</i>		Town <i>Hurricaneville</i>		County <i>Bullo-</i>		MARYLAND	
Died at		Date of death 190		Month <i>1</i>		Day <i>30</i>	
Age		Years		Months <i>3</i>		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Hurricaneville</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Illegitimate</i>				Father's Birthplace			
Mother's Maiden Name <i>Bessie Campbell</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Walter Campbell</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>		How long <i>4 days</i>	
Immediate <i>Bronchitis</i>		How long <i>2</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Mr. E. H. Bollb</i>	
Accident or Suicide?		Address <i>Hurricaneville</i>	



Name In Full

Certificate of Death

Lulu Cugle

Town

County

Died at

MARYLAND

Warren Baltimore

Date 1903 Jan 4 Y. 3 M. D. Native of Md Occupation

Male White Married Widow Divorced

Female ~~Single~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Body to be buried
at Poplar by me
Tomorrow 6th +

Name
in
Full

Mary Helen Connors (Connors)

CERTIFICATE OF DEATH

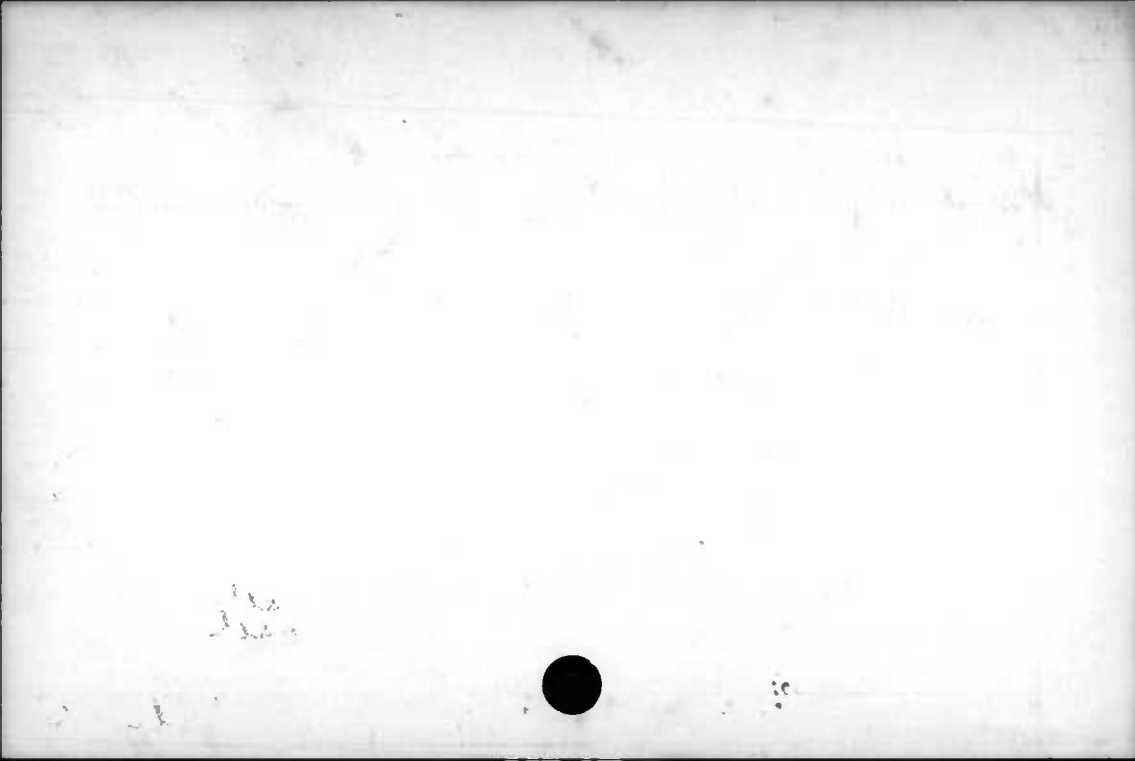
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Subsultaneous	11 months
Immediate	How long
Asphyxia	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Frank R. Rich
	Address
	Lovson
Accident or Suicide?	



Name
in
Full

Lenora Janette Crumback

CERTIFICATE OF DEATH

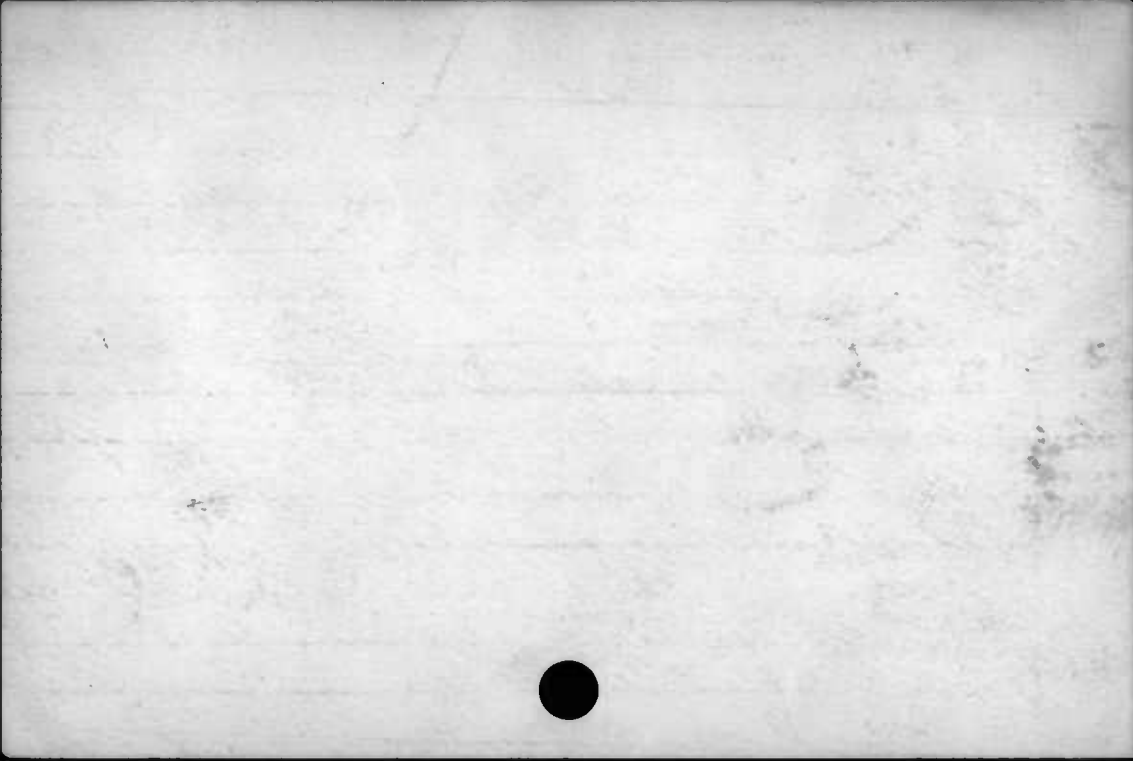
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batonsville</i>		County		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>21</i>	Age <i>2</i>	Months <i>one</i>	Days <i>16</i>
Sex	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Slave Crumback</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>May Bell</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Slave Crumback</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Transition</i>	How long	<i>Since birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Whiteley</i>	
		Address <i>Batonsville</i>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin-right: 10px;"></div> <div> Accident or Suicide? <i>8</i> </div> </div>			



Name
in
Full

Thomas Darr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mt Hope Retreat*

Town

County

MARYLAND

Date

of death 1903

Month

Jan

Day

3rd

Years

Age 72

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Ohio

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Records of Mt Hope

How related
to deceased

CAUSES OF DEATH

Primary

Acc. Dementia

How long

48 yrs at Mt Hope

Immediate

Ex. & Cardiac Debility

How long

abt 3 wks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

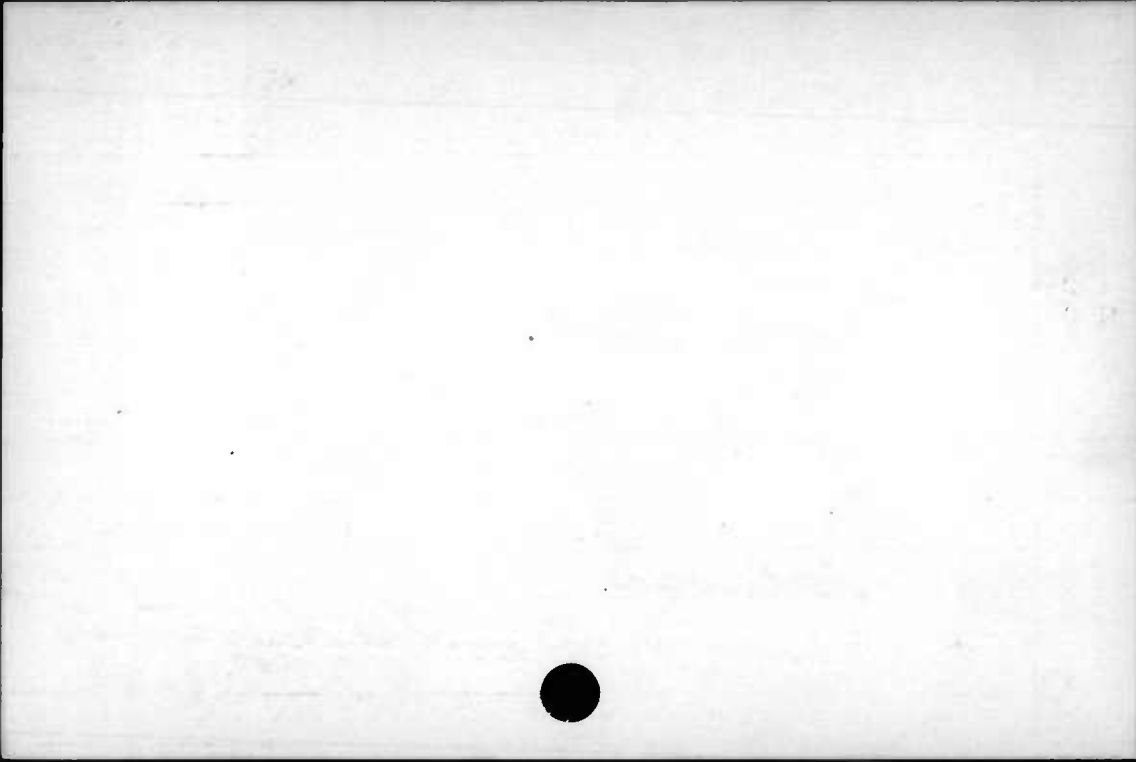
Frank J. Flannery

Address

Mt Hope Retreat
Mt Hope, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

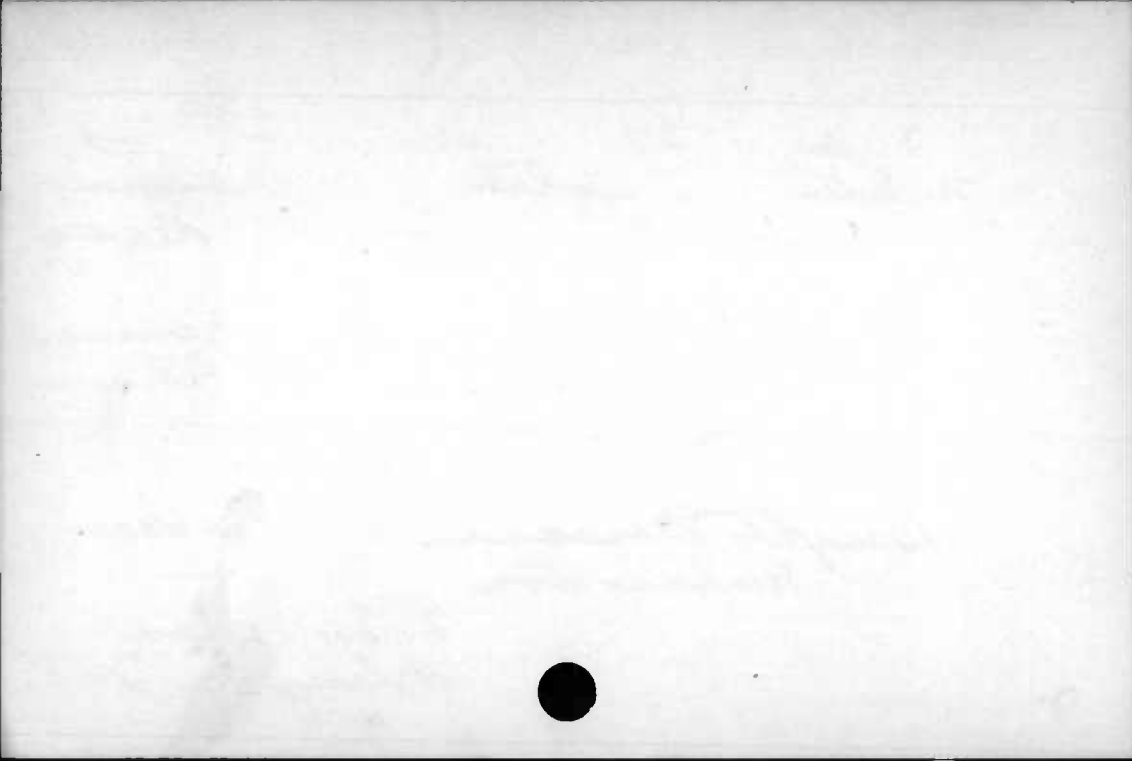
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Park Heights Arz</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	3	Month <i>Jan</i>	6	Day	Age —	Years —	Months —
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Park Heights Arz</i>			
Married, Single or Widowed <i>single</i>				Occupation —			
Name of Wife or Husband —							
Father's Name <i>J. Edwin Davis</i>				Father's Birthplace —			
Mother's Maiden Name				Mother's Birthplace —			
Name of person giving In formation <i>J. Edwin Davis</i>				How related to deceased <i>99 father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primery <i>Suppurative expansion of lungs</i>	How long <i>2 da.</i>
Immediate <i>Athrosis</i>	How long " "
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Geo S. Watkins</i>
<i>Copy</i>	Address <i>6 N. Broadway</i>
Accident or Suicide?	



Name
in
Full

Ernest Decker

CERTIFICATE OF DEATH

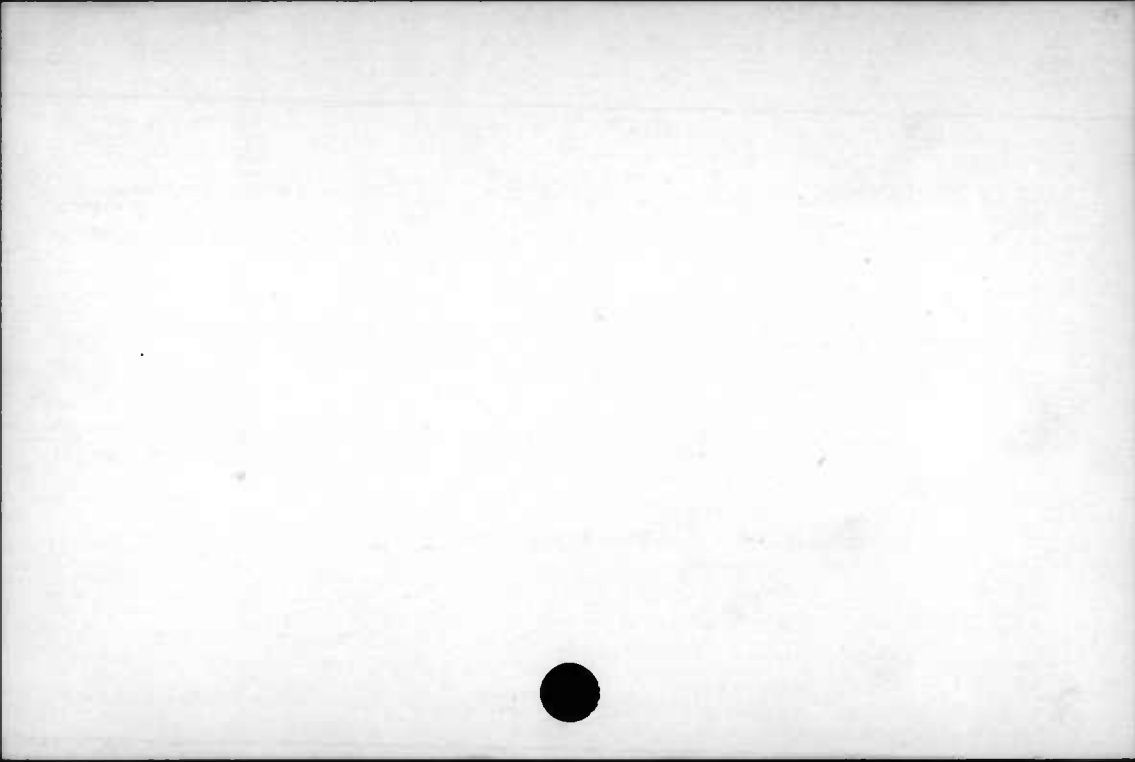
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Liberty Road</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Jan</u> ^{Month}	<u>27</u> ^{Day}	Age <u>49</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>m</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>			
Married, Single or Widowed <u>married</u>	Occupation <u>Restaurant Keeper.</u>				
Name of Wife or Husband					
Father's Name			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Coppy</u>			How related to deceased <u>120</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>4 years.</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. E. Jones.</u>
	Address <u>Arlington Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James T. Donnelly

Died at

Town

Canton

County

Baltimore

MARYLAND

Date

of death 1903

Month

Jan

Day

5

Years

Age 35

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Married, Single
or Widowed

Single

Occupation

Laborer

Name of Wife or
HusbandFather's
Name

James A. Donnelly

Father's
Birthplace

Balto. Md

Mother's
Maiden Name

Annie R. Sobles

Mother's
Birthplace

Balto. Md

Name of person giving
In formation

Annie Donnelly

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Natural Causes

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Coroner

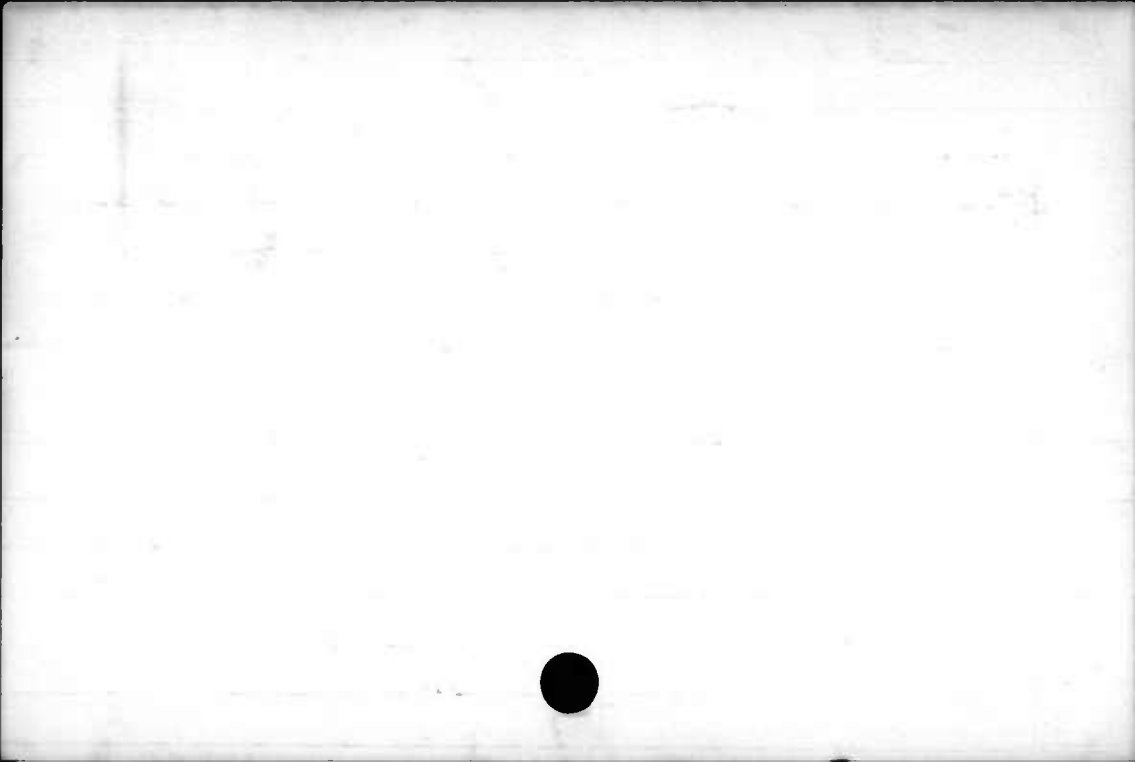
Address

Canton Police Station

Accident or Suicide?

No.

PHYSICIAN
OR CORONER



Name
in
Full~~Highlandtown~~ Josephine Donnelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Bald</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>25</u>	Age <u>10</u>	Years <u>10</u>	Months <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth- place <u>Bald Co.</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <u>all she knows about it</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <u>Isabelle Donnelly</u>			Mother's Birthplace		
Name of person giving In formation <u>Sister</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>93</u>	How long	<u>2 weeks</u>
Immediate	<u>Pneumonia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. W. Lannan M.D.</u>	
		Address <u>304 13th Ave SE - E.D.</u>	
Accident or Suicide?			

Joseph Sturtevant
Mh Carmel,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James Dryden
Cered Spring Bates.

Town

County

MARYLAND

Date

of death 1905

Month

Jan.

Day

3

Years

Age

63

Months

Days

Sex

Male

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

Widow

Occupation

Blacksmith

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

179

How related
to deceased

CAUSES OF DEATH

Primary

Cardiac failure

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John Barron, M.D.
Crownstown,
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

True Copy & a certificate of death made
upon a Bostonian City Record, and transcribed
to a State Record for filing.

John S. Fulton,
State Registrar.

Name in Full

Certificate of Death

John C. Louch
 Town Petersburg County Quarto
 Died at Petersburg MARYLAND
 Date 1903 Month 1 Day 25 Y. 39 M. 4 D. 1
 Native of Germany Occupation Painter
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Amanda C. Johnson
 Father's Name Amanda C. Johnson Mother's Name Amanda C. Johnson
 Maiden Name Amanda C. Johnson

Cause of Death { Primary Pulmonary tuberculosis How long sick 27
 { Immediate " " 27
Accident, Suicide, Homicide

Reported by H. P. E. H. H. H.
 Address Petersburg Quarto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm Marshall
Jan. 27 - 83
Mon. Chappel

Name
in
Full

Elizabeth Marion Duke Puslane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
Jan		1st	Age	67	2	20	
Sex	Female	Color or Race	White		Birth-place	Calvert Cliffs	
Married, Single or Widowed	Married			Occupation			
Name of Wife or Husband							
John A. Puslane							
Father's Name				Father's Birthplace			
James Duke				Calvert Cliffs			
Mother's Maiden Name				Mother's Birthplace			
Anne Faveille				" " "			
Name of person giving information				How related to deceased			
Anna P. Puslane				Daughter			

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	Amyotrophic Lateral Sclerosis (with Paralysis)		How long	5 yrs.
Immediate	Terminal Pneumonia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes -	Signature of Physician	
			Dr. Thomas A. Brown	
		Address	1033 Cathedral St	
Accident or Suicide?				

Dr. Thomas, R. Brown

#1033 Cathedral St.

Name
In Full

Ruth Lynne Edmonston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Dickeyville		Balto		MARYLAND	
Date of death 1903		Month	Jan	Day	25	Age	Years
						Months	6
						Days	18
Sex		Female		Color or Race		White	
						Birth-place Dickeyville	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Alvin B. Edmonston			
Father's Birthplace				Balto Co			
Mother's Maiden Name				Mamie E. Lloyd			
Mother's Birthplace				H			
Name of person giving information				Alvin B. Edmonston			
				How related to deceased			
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cough and Cold	How long	2 weeks
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. George Y. Enchant	
Address		Dickeyville	
		Balto Co	
Accident or Suicide?		No	



Name
in
Full

Robert North Elden Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrison</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 19D <i>3</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>34</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married <input checked="" type="checkbox"/> Single or Widowed			Occupation <i>Stock Broker</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Robert North Elden</i>			Father's Birthplace <i>Balt. Co.</i>		
Mother's Maiden Name <i>Susan Gordon Voss</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Thos Elden</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Meris Taylor</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Mary Farnell

Town

County

Died at

Hullsville

Batts

MARYLAND

Date 19	03	Month	1	Day	2	Y.	M.	D.	21	Native of	md	Occupation
		Male	White		Married		Widow		Divorced			
		Female	Colored		Single		Widower		Number of children living			

Husband
of

X

Father's

Name

Arthur Farnell

Mother's

Maiden Name

Blanch Brown

Cause of

Primary

Pneumonia

How long sick

2 days

Death

Immediate

93

Accident, Suicide, Homicide

Reported by

W. H. Hall

Address

W. H. Hall

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Minnie Faustich

Died at ^{Town} Highland ^{County} Balto., MARYLAND

Date 1903 ^{Month} Jan ^{Day} 10^{Y.} ^{M.} ^{D.} Age 25 ^{Native of} US ^{Occupation} -

~~Male~~ ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's Name Henry Faustich ^{Mother's Maiden Name}

Cause of Death { Primary Typhoid Fever } How long sick 10 days

Death { Immediate Exhaustion } Accident, Suicide, Homicide

Reported by G. N. Atkey, M.D.

Address 2. Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J Herwig & Son
200 S Orleans St.

Annie Fischer

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan.

6

Age

43

Md.

Housework

~~Male~~
FemaleWhite
ColoredMarried
SingleWidow
Widower

Divorced

Number of children living

3

~~Husband~~
of

John Fischer

Wife

Father's
Name

Francis Curry

Mother's
Maiden Name

Elizabeth Liddy

Cause of

Primary

Cancer of uterus

How long sick

about 4 months

Death

Immediate

Exhaustion &c

~~Accident, Suicide, Homicide~~

Reported by

F. S. Warner M.D.

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. Patricks Cemetery

Germanus Franke

Under lotter

Gladys Virginia Fredrick
 Town County

MARYLAND

Died at *Waver* *Baltimore*
 1903 Month Day Y. M. D. Native of Occupation
 Date 189 *Jan 8* Age *2 4 24* *Maryland*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hoffmanville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190		Month <i>3</i>	Day <i>24</i>	Age <i>66</i>	Months <i>3</i>	Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pennsylvania</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Paper Mfg. & farmer</i>					
Name of Wife or Husband <i>Sarah Jane Fultz</i>							
Father's Name <i>John Fultz</i>		Father's Birthplace <i>Mo.</i>					
Mother's Maiden Name <i>Lang Meyers</i>		Mother's Birthplace <i>York Pa.</i>					
Name of person giving Information <i>Chas. Fultz</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute heart trouble</i>	How long	<i>79</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Norris M. D.</i>	
<i>Yes</i>		Address <i>Beckleyville, Mo.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Mrs Ann. C. Gant

Town

County

Died at Shuman

Datto

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan 15

Age

95-6.

Mo

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~ of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Arterio Sclerosis

How long sick

2 weeks

Death

Immediate

Acute Softening of brain

~~Accident, Suicide, Homicide~~

Reported by

Dr W. B. B. B. B. B.

Address

Cachapulla

1201120. Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name
in
Full

CERTIFICATE OF DEATH

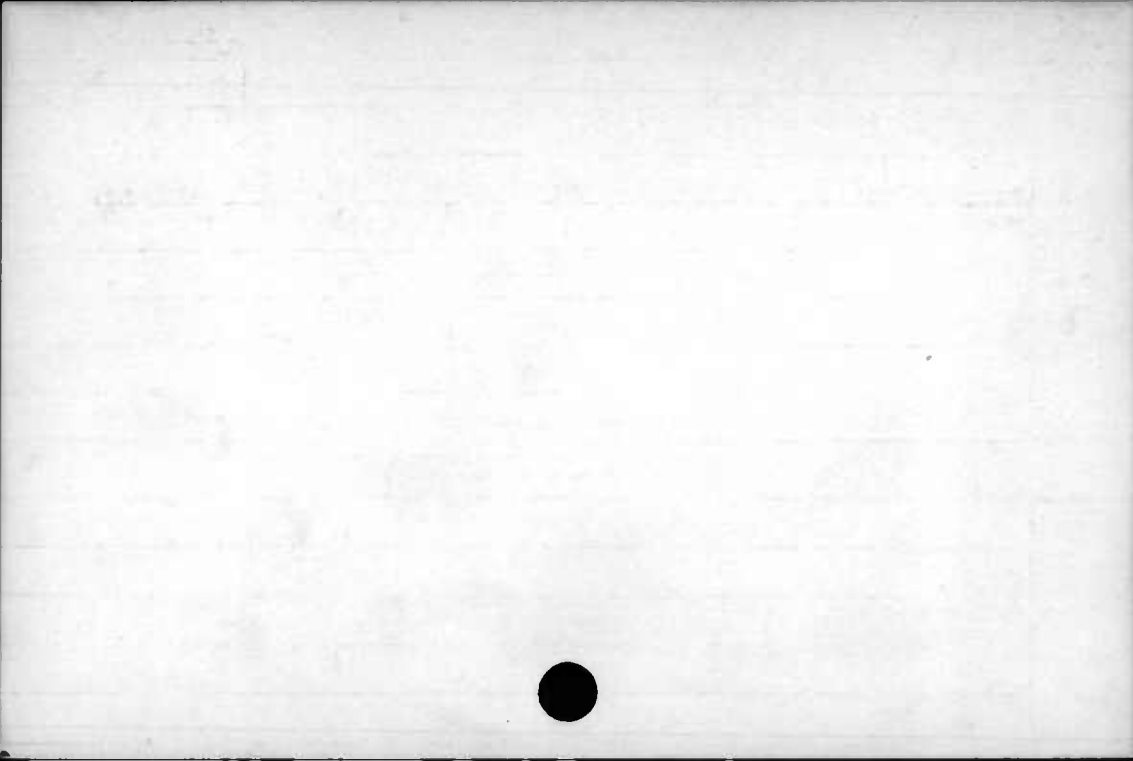
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND					
Date of death 1903	Jan	Month	Day 2 nd	Age 37	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Kearf Co Md.
Married, Single or Widowed	Single		Occupation	None			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Records of Mt Hope Retreat			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Idiocy</i>	How long	<i>Life</i>
Immediate	<i>Ex Pul. Tuberculosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank Flannery</i>	
		Address	
		<i>Mt Hope Retreat</i>	
Accident or Suicide?			



Name
in
Full

Clara Graff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cub Mill</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>January</i>	Day <i>25th</i>	Age <i>54</i> ^{Years}	Months <i>7</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Charles Nicholas Graff (former h.)</i>					
Father's Name <i>John Reichert</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Hugh F. Bone</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease, presumably.</i>	How long <i>A day or two.</i>
Immediate <i>Grippe</i>	How long <i>A day or two.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. J. Harrison.</i>
	Address <i>Lock Raven.</i>
Accident or Suicide?	



Name
in
Full

Minerva A Green

CERTIFICATE OF DEATH

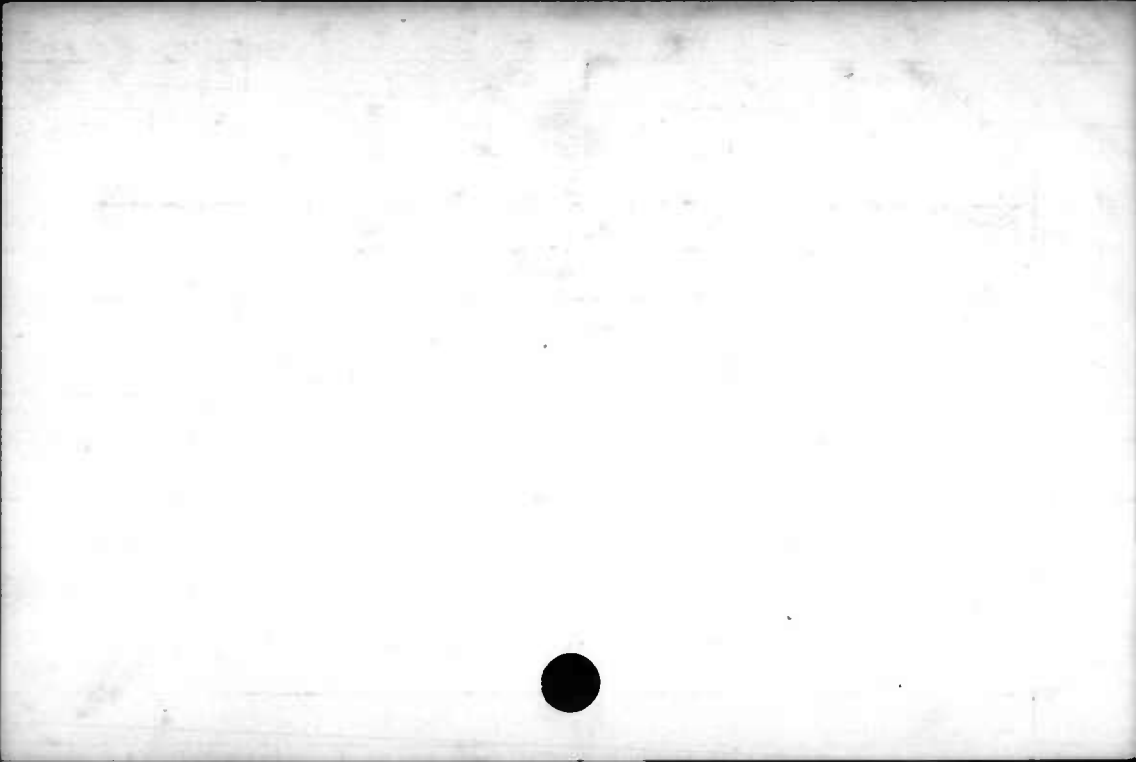
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Walters		County Baltimore		MARYLAND	
Date of death 1903	Month January	Day 3	Age 1	Years 1	Months 0	Days 3	
Sex Female	Color or Race white		Birth- place md				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name John Green				Father's Birthplace md			
Mother's Maiden Name Emma Wiesner				Mother's Birthplace md			
Name of person giving In formation Jno Green				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	2 weeks
Immediate	Pneumonia & Complications	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John C. Harris m d	
		Address Middle River md	
Accident or Suicide?			



Name
in
Full

Charles Hall

CERTIFICATE OF DEATH

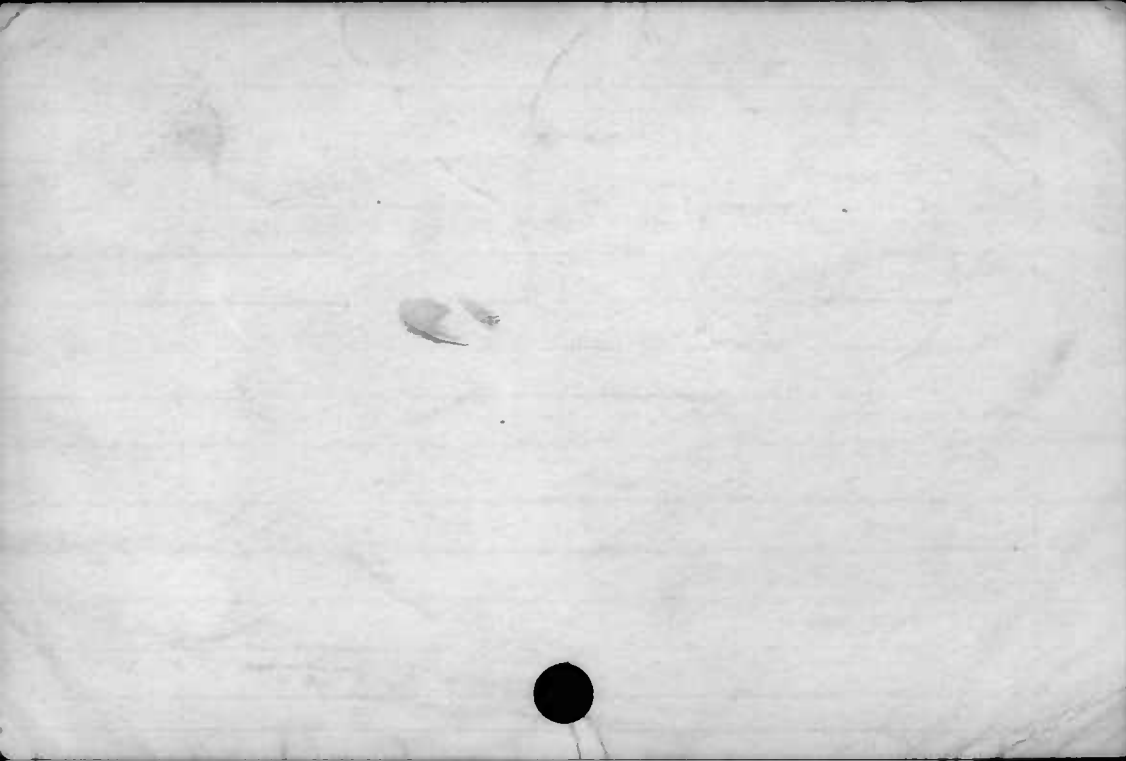
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport, Annapolis Rd</u> <u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>11</u> -	Age <u>2</u> -
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Baltimore</u>	
Married, Single or Widowed _____		Occupation _____	
Name of Wife or Husband _____			
Father's Name <u>John Hall</u>		Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Elizabeth Brooks</u>		Mother's Birthplace <u>Md</u>	
Name of person giving Information <u>John Hall</u>		How related to deceased <u>Pastor</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Natural causes</u>	How long <u>151</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>August W. Miller</u>
Accident or Suicide? <u>Yes</u>	Address <u>Coroner</u>
	<u>Mr Winan Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

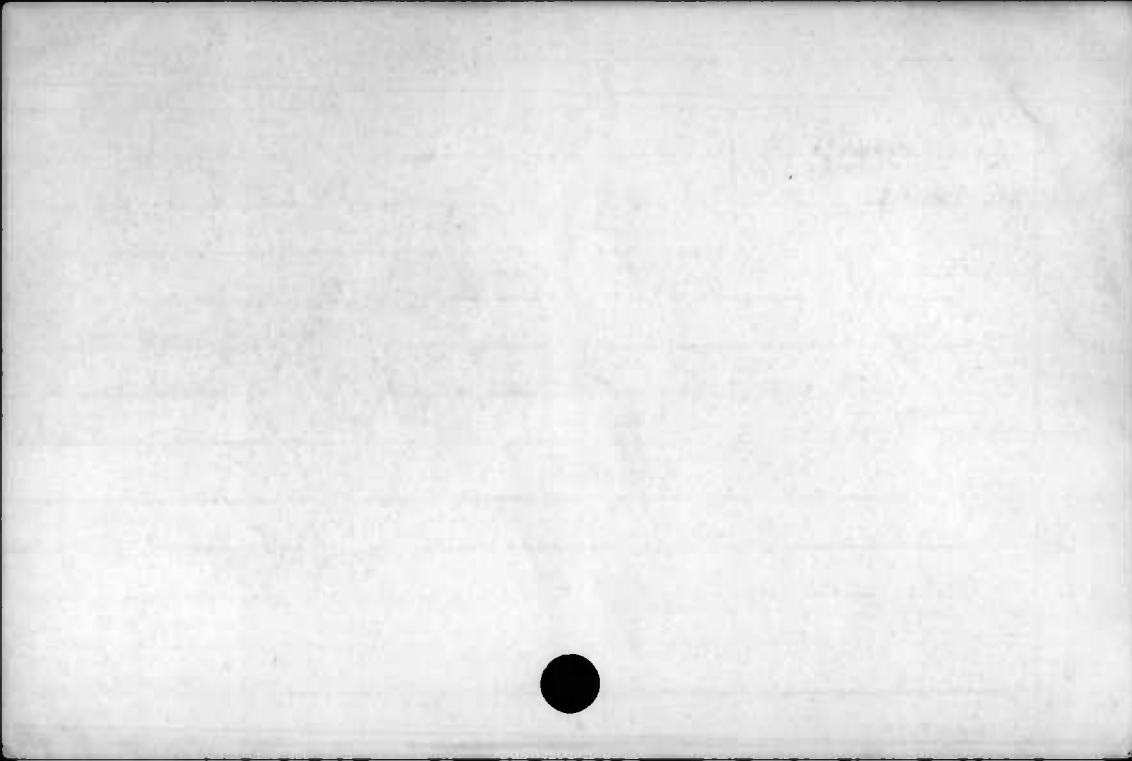
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Potomac River</i>		Town <i>Balti</i>		County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>31</i>	Age <i>1</i>	Years	Months <i>11</i>	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Balti</i>				
Married, Single or Widowed <i>X</i>			Occupation				
Name of Wife or Husband <i>X</i>							
Father's Name <i>John Hall</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Elizabeth Brooks</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>John Hall</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism 47</i>	How long	<i>6 weeks</i>
Immediate	<i>thrombosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. S. Hall</i>	
		Address <i>1111 Mission</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name in Full Clinton Roscoe Ware		CERTIFICATE OF DEATH	
Died at Carney P.O. <small>Town</small>		Baltimore <small>County</small>	
Date of death 1903 Jan <small>Month</small>		8 <small>Days</small>	
Male <small>Sex</small>		White <small>Color or Race</small>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband		Birthplace Baltimore Co.	
Father's Name Clarence Ware		Father's Birthplace Hampton City	
Mother's Maiden Name Florence May Belt		Mother's Birthplace Hampton City	
Name of person giving information		How related to deceased Mother & Father	
CAUSES OF DEATH			
Primary Simple Bronchitis		How long 10 days	
Immediate Capillary Bronchitis		How long 1 day	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician H. J. Harrison.	
		Address Geoch Raven.	
Accident or Suicide?			

Entenmet

St Merry's Court

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Lee S. Harris
Leatosville

Balto.

Date

of death 1903

Month

Jan

Day

12

Age

65

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Nest Va

Married, Single
or Widowed

Married

Occupation

Unknown

Name of Wife or
Husband

✓

Father's
Name

✓

Father's
Birthplace

Mother's
Maiden Name

✓

Mother's
Birthplace

Name of person giving
Information

✓

How related
to deceased

CAUSES OF DEATH

Primary

Papaveria

How long

10 years.

Immediate

Ch. Nephritis

How long

6 mos.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

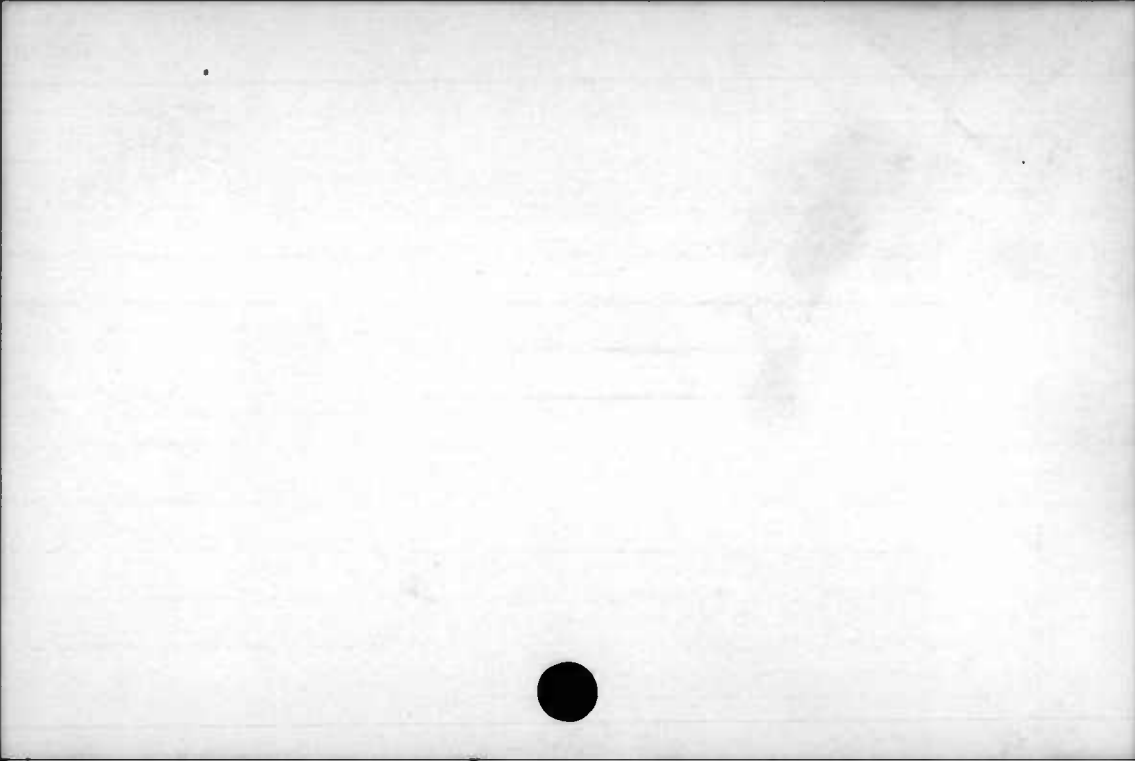
J. J. Wade
Leatosville Mo

Accident or Suicide?

No

PHYSICIAN
OR CORONER

8



Name in Full

Certificate of Death

Paulini Harrity

Town

County

Died at

Catonsville Baltimore

MARYLAND

Date

1913

Month

Day

Y.

M.

D.

Native of

Occupation

June 12

Age

3

- -

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

James Harrity

Mother's

Name

Anna Houston

Cause of

Primary

Death

Immediate

How long sick

one month

Accident, Suicide, Homicide

Reported by

J. Whiteley

Address

Catonsville

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name
in
Full

Samuel A. Heidler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>1</i>	Day <i>3</i>	Age <i>68</i>	Years <i>68</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Shoemaker</i>			
Name of Wife or Husband <i>Margaret C. Heidler</i>					
Father's Name <i>Jacob Heidler</i>			Father's Birthplace <i>Brock Run</i>		
Mother's Maiden Name <i>Eliz Shaeffer</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Jacob W. Heidler</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Corrosion of Liver</i>	How long <i>10 yrs</i>
Immediate <i>Dropsy</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo S Bolt, M.D.</i>
	Address <i>Harrisville Md.</i>
Accident or Suicide?	



Name
in
Full

John Hevern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Baeto</i>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>19</i>	Age <i>69</i>	Months <i>10</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Married, Single Widowed			Occupation <i>Magistrate</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>-</i>			Father's Birthplace <i>U.S.</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>U.S.</i>		
Name of person giving information <i>Mrs Townsend</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis of Heart</i>	How long	<i>-</i>
Immediate	<i>-</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Warner</i>	
<i>yes</i>		Address <i>1120 Highland ave</i>	
Accident or Suicide? <i>-</i>			

Mt. Carmel Conn
H. San du Son.

Name in Full

Certificate of Death

Still · Born · Stillner
 Highland Baltimore County

Died at

MARYLAND

Date 189

2 Jan Month Day 15 Y. M. D. Native of Occupation
 Fredrick Labor

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 3

Husband

of

Wife

Father's

Name

Mother's

Name

How long sick

Cause of

Primary

Death

Immediate

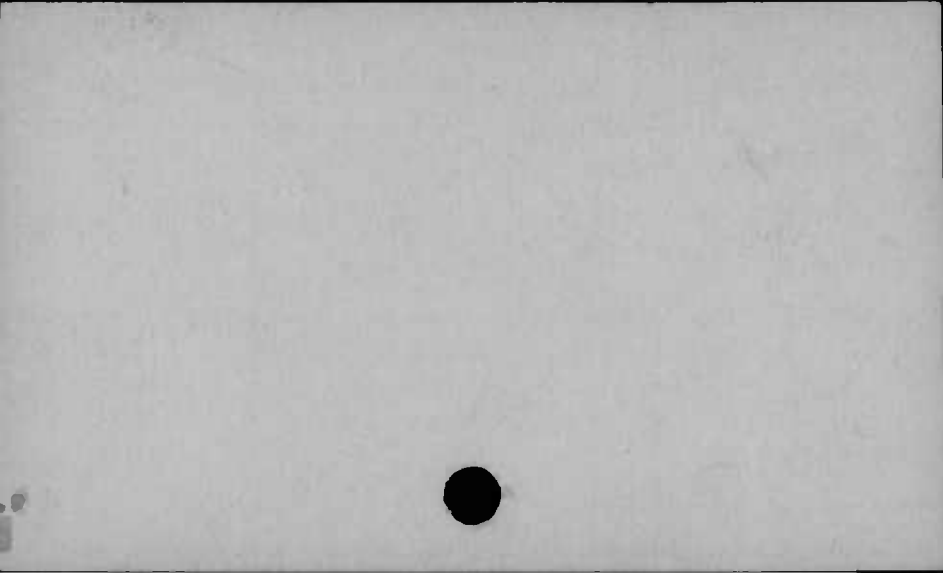
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85958



Name
in
Full

Richard McEwan Howard

CERTIFICATE OF DEATH

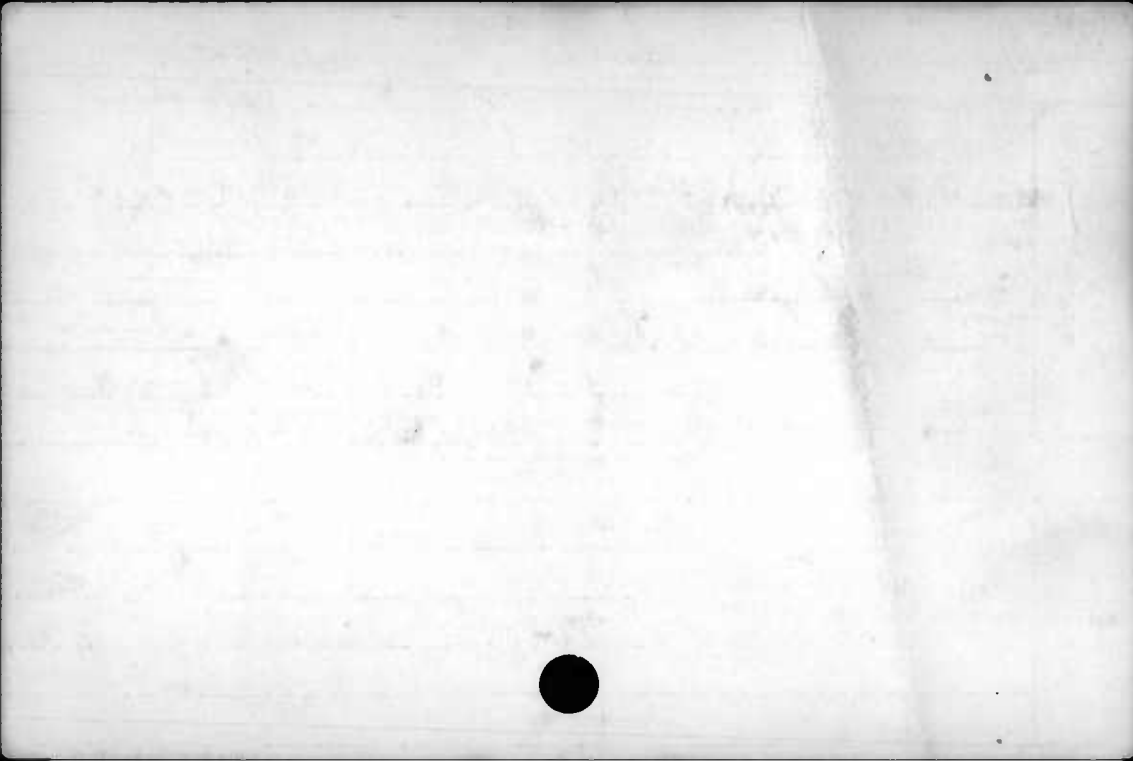
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mauw</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>1</i>	Day <i>6</i>	Age <i>62</i> Years	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Mauw.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Ellen S. Howard.</i>					
Father's Name <i>Charles W. Howard.</i>			Father's Birthplace <i>Balto. Co</i>		
Mother's Maiden Name <i>Ananda G. Slade</i>			Mother's Birthplace <i>Howard Co</i>		
Name of person giving information <i>Mrs. Ellen S. Howard</i>			How related to deceased <i>Wife</i>		

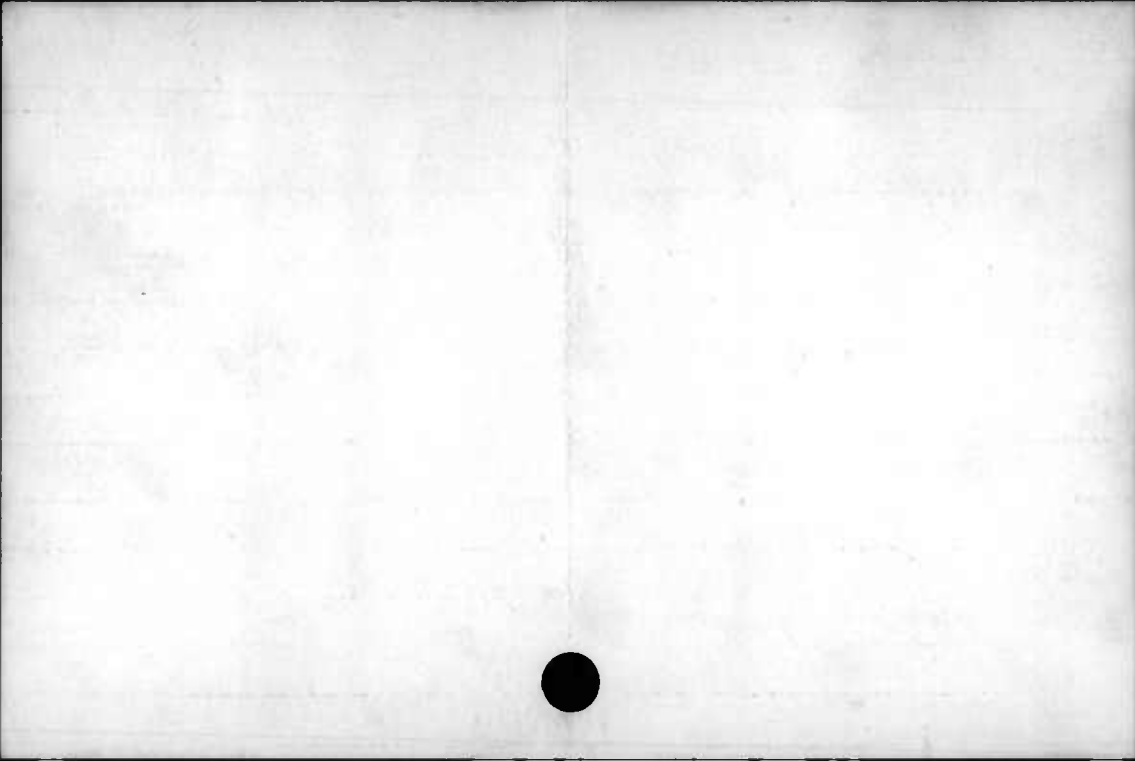
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Alcoholism</i>	How long <i>1 week</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Ross Payne M.D.</i>
	Address <i>Corbett.</i>
Accident or Suicide? <i>g</i>	<i>Ord.</i>



Name in Full <i>Joseph R. Jackson</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Powhatan</i> ^{Town}		<i>Baltimore</i> ^{County}
	Date of death 1903 <i>January</i> ^{Month} <i>30</i> ^{Day}		<i>5-2.</i> ^{Years}
	Sex <i>Male</i>	Color or Race <i>Colored</i>	Months <i>16</i> ^{Days}
	Married, Single or Widowed <i>Single</i>		Birth-place <i>Balto. Co. Md</i>
	Name of Wife or Husband		Occupation <i>Driver</i>
	Father's Name <i>Richard Jackson</i>		Father's Birthplace <i>Balto Co</i>
	Mother's Maiden Name <i>Isabel Braxton</i>		Mother's Birthplace <i>Virginia</i>
Name of person giving information <i>Isabel Jackson</i>		How related to deceased <i>Mother</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Fell from his team and was run over</i>		How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of <i>acting coroner</i> <i>William C Euler, J.P.</i>
	Accident or Suicide? <i>accident</i>		Address <i>Powhatan, Md.</i>



Emma M James

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1

5

Age

6 17

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widowess~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia 93

How long sick

14 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. S. Hall

S. Wiegand

Address

W. H. Minors

100 Broad Hill Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Morrin Sawall Jenkins

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

January 14, 1905, Age 1, 1, 14, American Child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Kall</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Highlandtown</i>		Date of death 1903		Month <i>Jan.</i>		Day <i>29th</i>	
Age <i>30</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Tailor</i>					
Name of Wife Husband <i>Margaret Hermsell</i>							
Father's Name <i>John Kall</i>		Father's Birthplace <i>Germany</i>					
Mother's Meiden Name <i>Magdalena Schmitt</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving In formation <i>Margaret Kall</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration Heart</i>		How long <i>1 week</i>	
Immediate <i>79</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. N. Poley</i>	
		Address <i>2. Hudson St East.</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Jan. 31st 1903

Germanus France

Vnderaker

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertha M. Kashner

Died at *Beckleysville* Town *Baltimore* County *MARYLAND*

Date of death 190*3* Month *1* Day *25* Age *23* Years *8* Months *8* Days

Sex *Female* Color or Race *white* Birth-place *Beckleysville*

Married, Single or Widowed *Married* Occupation *house wife*

Name of Wife or Husband *John Kashner*

Father's Name *Henry Shearer* Father's Birthplace *Manchester Ind*

Mother's Maiden Name *Eliza Price* Mother's Birthplace *Trenton, Md.*

Name of person giving information *Henry Shearer* How related to deceased *- -*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Consumption* How long *2 years*

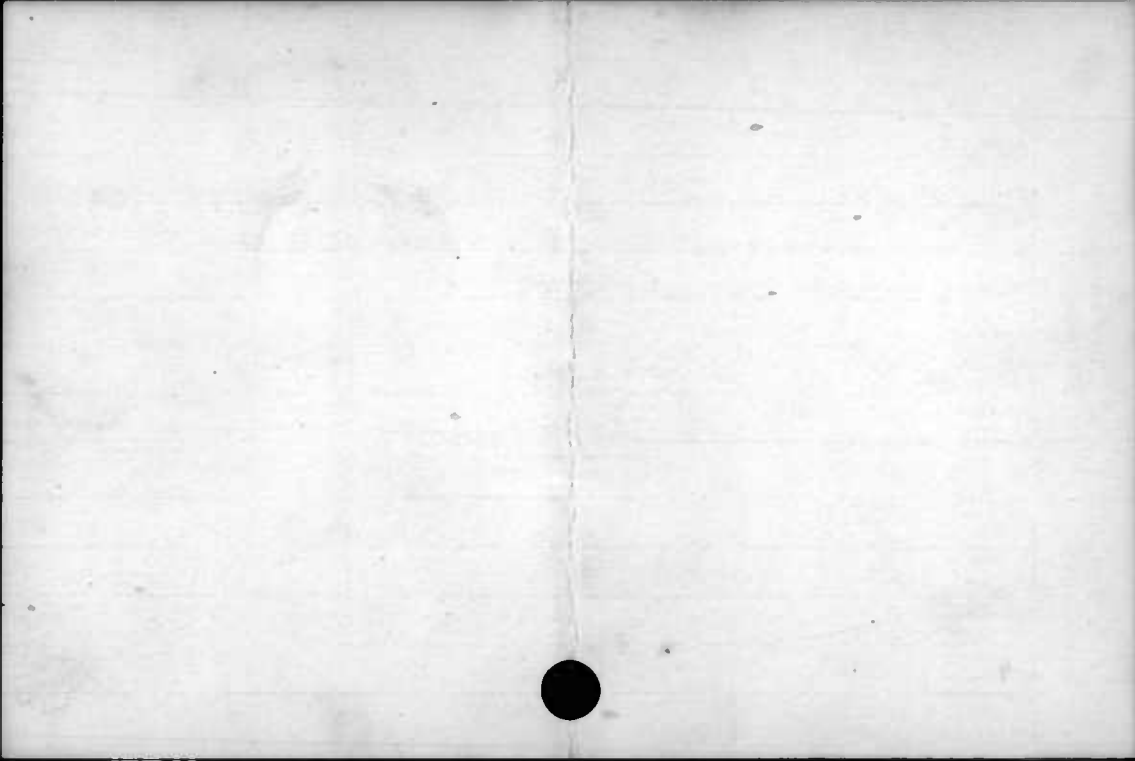
Immediate *11* How long *one month*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Morris*

Address *Beckleysville Ind*

Accident or Suicide? *8*



Name in Full

Certificate of Death

Bertie Keil

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 20

Age in her 70 y

Germany

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband
of

John Keil

Wife

Father's

Mother's

Name

Maiden Name

10

Cause of

Primary

Grip - General Debility.

How long sick

About 3 weeks

Death

Immediate

Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by

Loring and D. D. Whiteford

Address

Larkoille,

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Christian Miller
2334 Jefferson St.
Trinity Cemetery

Name in Full		Bridget Kelly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St Helena</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND		
	Date of death 190 <i>3</i>		Month <i>1</i>	Day <i>14</i>	Age <i>89</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
	Married, Single or Widowed <i>Widow</i>		Occupation <i>—</i>				
	Name of Wife or Husband <i>—</i>						
	Father's Name <i>—</i>				Father's Birthplace <i>Ireland</i>		
	Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>"</i>		
	Name of person giving information <i>167</i>				How related to deceased <i>—</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>From effects of Burns</i>				How long <i>3 days?</i>		
	Immediate				How long <i>" "</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>E. M. Jarney</i>		
					Address <i>314 Bank St</i>		
	Accident or Suicide?						

J. Herwig & Son
Holy Cross Cemetery

Name In Full

Certificate of Death

Henry Kirby

Died at ^{Town} Middle River ^{County} Baets

MARYLAND

Date 1903 ^{Month} Jan ^{Day} 12 ^{Y.} ^{M.} ^{D.} Age 1 year ^{Native of} Md ^{Occupation} —

Male ~~Female~~ ^{White} ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ^{Number of children living}

Husband of

Wife

Father's Name Stephen Kirby

Mother's Maiden Name 179

Cause of Primary

How long sick

Death Immediate Heart failure

Accident, Suicide, Homicide

Reported by L. Buace M.D.

Address Crossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Louisa Kirby
 Town Benzies County Balt

MARYLAND

Died at Benzies Balt
 Date 1903 Month Jan Day 28 Y. M. D. Age 10 years Native of Md Occupation
☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Stephen Kirby
Pulmonary Tuberculosis

How long sick

Accident, Suicide, Homicide

6 months

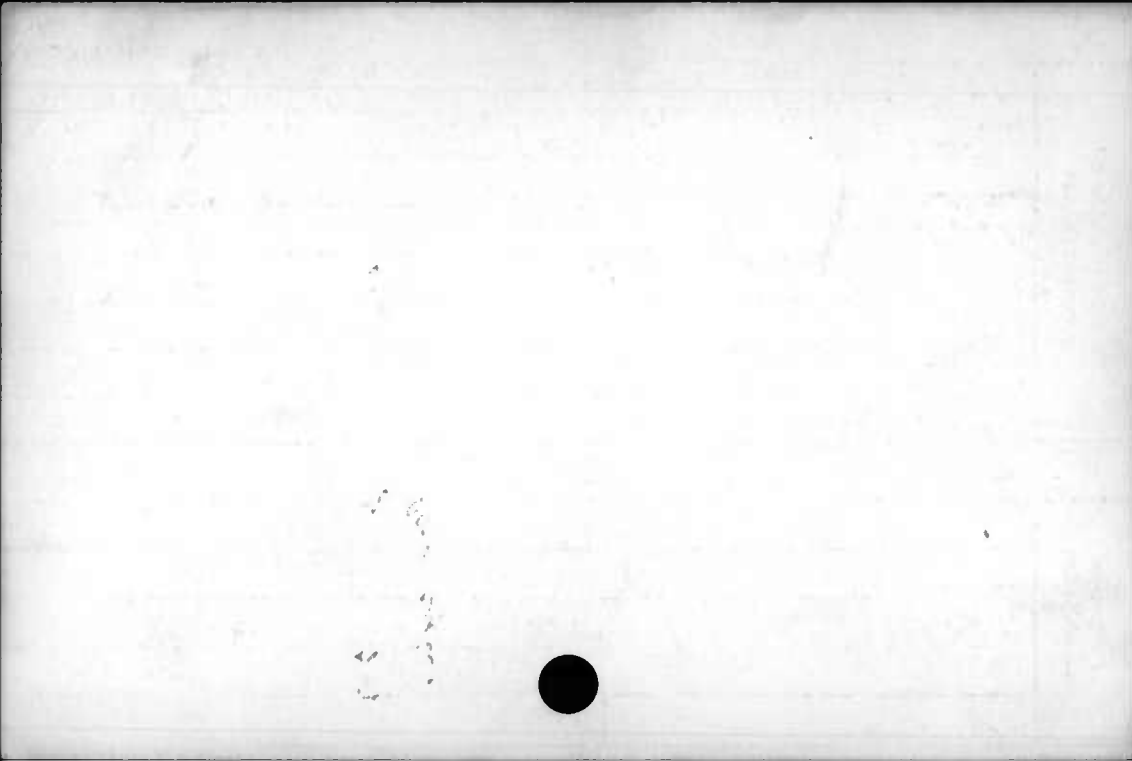
Reported by

Address

E. V. Macer M.D.
Rossville Md



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Bossey</i>		County <i>Baltimore</i>			
		Died at		MARYLAND			
		Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>77</i>	Months <i>0</i>	Days <i>26</i>
		Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
		Married, Single Widowed		Occupation <i>no occupation</i>			
		Name of Wife or Husband <i>Mary Ann (Kling) Pearson</i>					
		Father's Name <i>Kling</i>		Father's Birthplace <i>Germany</i>			
		Mother's Maiden Name <i>Mrs. Kling</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John Kling</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>		How long <i>2 months</i>			
		Immediate <i>"</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>W. S. Green</i>			
				Address <i>Gittinger, Md.</i>			
		Accident or Suicide?					



Name in full

Certificate of Death

Henry Klingler

Town

County

Died at Canton

Balto

MARYLAND

Date 1903 June 27 Y. 1 M. 8 Native of US Occupation

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Broncho Pneumonia Immediate Exhaustion

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by C. W. Atter, 92

Address 2. Hubert St. Ex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name
in
Full

CERTIFICATE OF DEATH

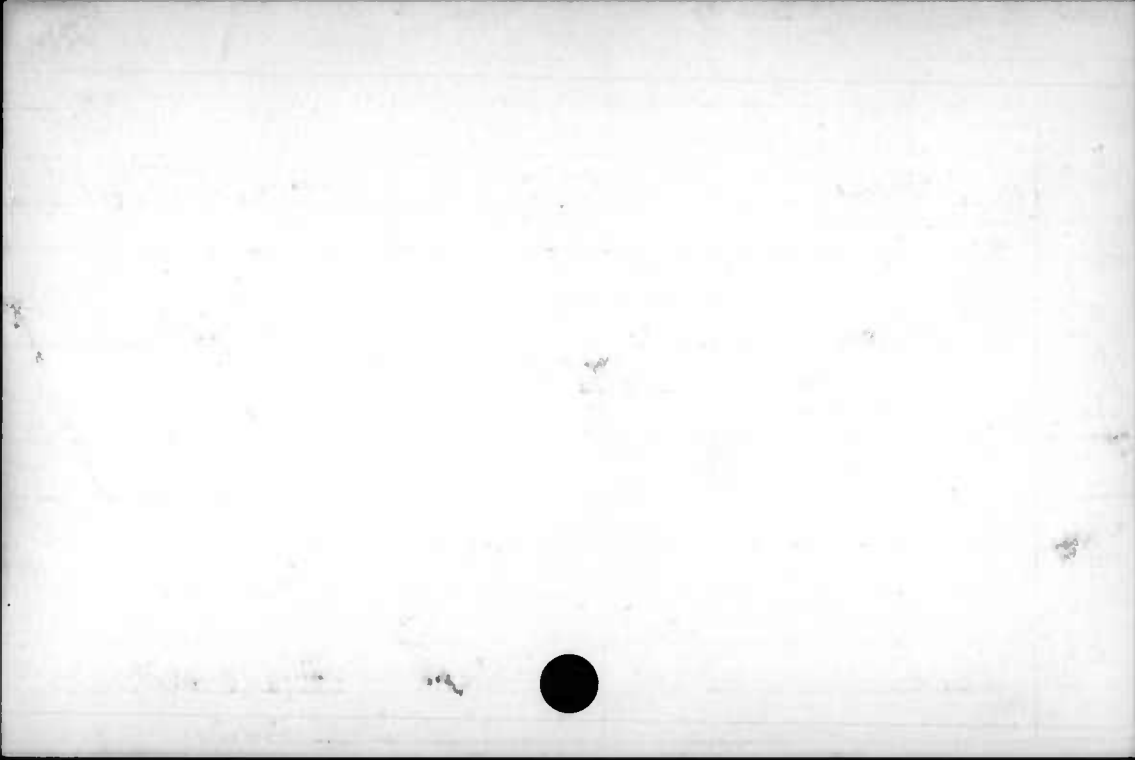
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Sanitarium</i> <i>Balt</i> County		MAYLAND	
Date of death 190 <i>3</i> Jan. <i>29</i>	Month <i>3</i> Day <i>29</i> Years <i>52</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>	
Married, Single or Widow		Occupation <i>none</i>	
Name of Wife or Husband <i>A. P. Knell</i>			
Father's Name <i>—</i>		Father's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>H. Leo Knell</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's. Heart Coin</i>	How long <i>20</i>
Immediate <i>Anaemia & Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Ryan M.D.</i>
	Address <i>St Agnes Sanitarium</i>
Accident or Suicide? <i>8</i>	



Name in Full		Thomas, Landon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town North Point Road	County Baltimore		MARYLAND	
	Date of death 1903	Month 1	Day 14	Age	Years	Months 2	Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
				CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		Asphyxiation		How long		166
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes,		Signature of Physician		J. C. Clough, M.D.
	Accident or Suicide?		(Accident)		Address		1400 First St Highlandtown



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna B. Burgnecker

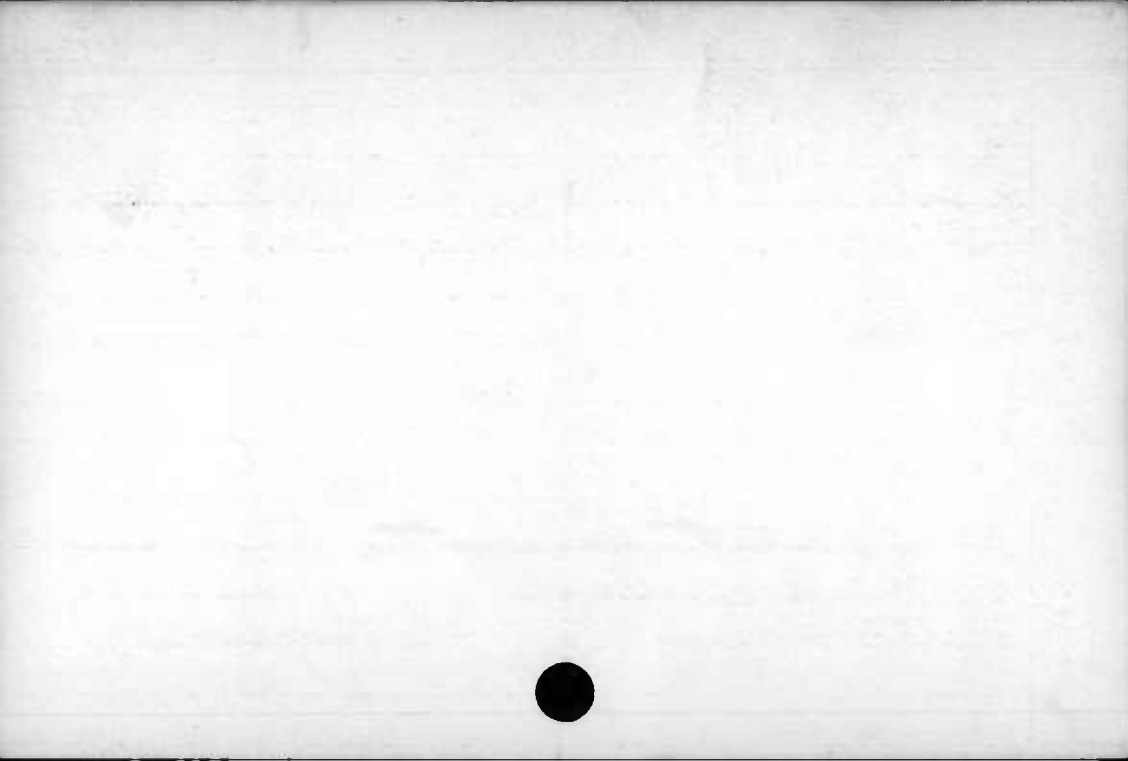
MARYLAND

Died at <i>Glyndon</i> ^{Town}		<i>Baltimore</i> ^{County}			
Date of death 190 <i>3</i>	<i>Jan</i> ^{Month}	<i>8</i> ^{Day}	Age <i>82</i> ^{Years}	<i>4</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>i</i>		
Married, Single, or Widowed <i>Single</i>			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>Daria Burgnecker</i>					
Father's Name <i>Jacob Bachman</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Barbara Eshleman</i>			Mother's Birthplace <i>Penn</i>		
Name of person giving information <i>Jas Burgnecker</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>		How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos Price</i>	
	Address <i>Glyndon</i>	
Accident or Suicide? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

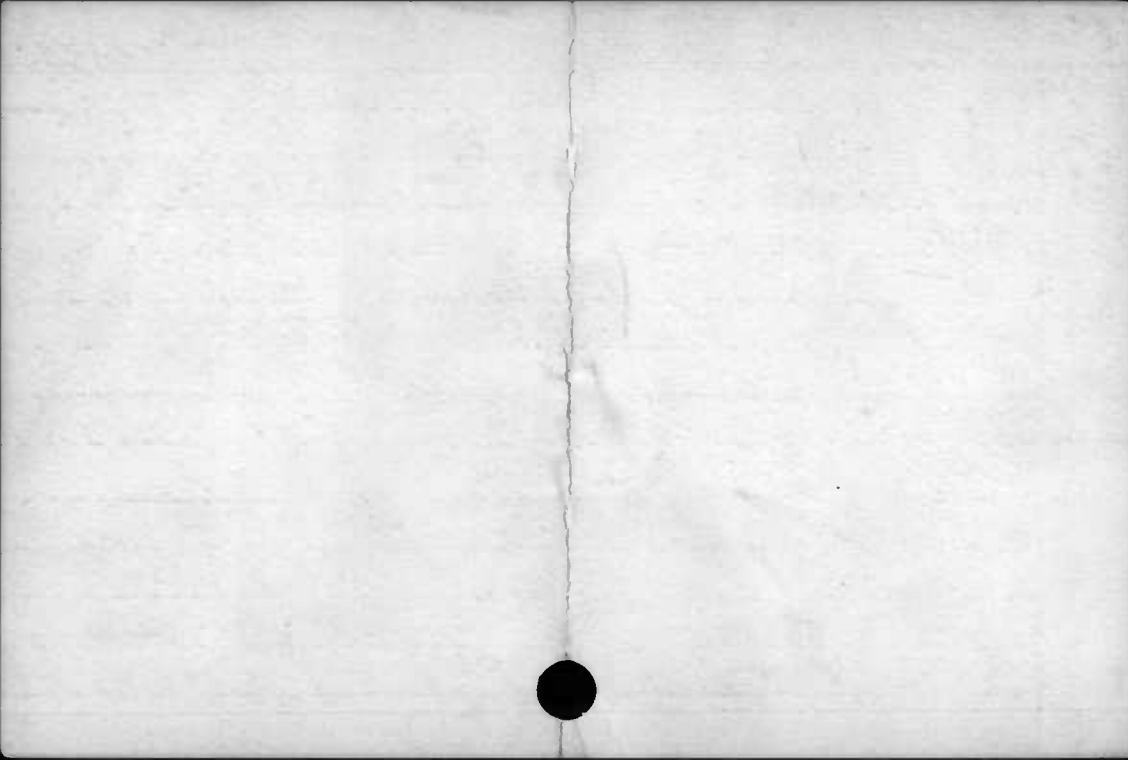
TO BE ANSWERED BY
NEAREST FRIEND

Name Elizabeth Mc Callough		Town Weisburg		County Baltimore		MARYLAND	
Died at		Date of death 1903		Month 1		Day 14	
Sex female		Color or Race White		Age 74		Years 18	
Married Single or Widowed Widow		Occupation House keeper		Birth- place Md		Days	
Name of Wife or Husband Jas W Mc Callough		Father's Name John W Hampshire		Father's Birthplace Md		Mother's Maiden Name Mary Dowling	
Name of person giving information G H Mc Callough		How related to deceased		112			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Hepatitis		How long Two years	
Immediate Acute Diarrhoea		How long one week	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. M. Heydecker	
		Address Baltimore	
Accident or Suicide?		A. E.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Dora McDonald
Pasadena Town Baltimore County

MARYLAND

Date

of death 1903

Month

Jan.

Day

28

Age

Years

23

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore Co.

Married, Single
or Widowed

Single

Occupation

—

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

27

How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis pulmonum

How long

Immediate

Asthma

How long

3 mos.

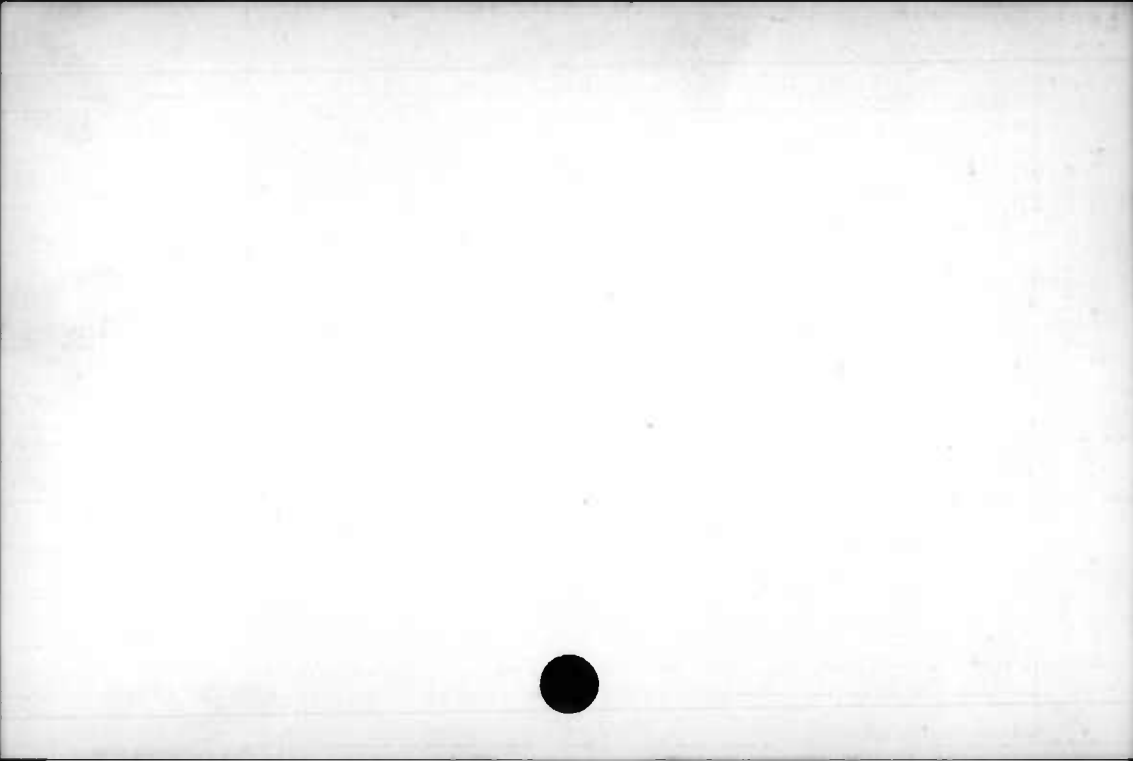
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Robert Hoffman

Address

1325 Park Ave.

Accident or Suicide?



Name
in
Full

Matilda Mc Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan.</u>	Day <u>9th</u>	Age <u>78</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Married, Single or Widowed <u>Widow</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>George Mc Knight</u>					
Father's Name <u>— Sheppard</u>		Father's Birthplace <u>don't know</u>			
Mother's Maiden Name <u>don't know</u>		Mother's Birthplace <u>don't know</u>			
Name of person giving information <u>John A Shannon</u>		How related to deceased <u>grandson</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis Pulmonalis</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>A. S. Kirk M.D.</u>
	Address <u>1610 E. Balto St</u>
Accident or Suicide? <u>No.</u>	<u>Balto. Md.</u>

Baltimore Cemetery

Jan. 12 ¹/₂ 1903

Germanus Franke

Undertaker

Name
in
Full

Leonora O'Donnell MacSherry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Roland Park ^{County} Baltimore

Date of death 1903 ^{Month} January ^{Day} 10 ^{Age} 13 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Baltimore

~~Married, Single or Widowed~~ Single ^{Occupation} None

Name of Wife or Husband

Father's Name Richard M. MacSherry

Father's Birthplace Virginia

Mother's Maiden Name Emily Hillen

Mother's Birthplace Baltimore

Name of person giving information Alan MacSherry

How related to deceased Uncle

CAUSES OF DEATH

Primary Sarcoma of Tonsil

How long 15 months

Immediate Cardiac Asthenia 45

How long 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Warren Buckler

Address 806 Cathedral Street Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER

L- Frank R. Rich

Name in Full

Certificate of Death

Patrick Madday

Died at

Roland Park

County

Baltimore

MARYLAND

Date 19

03

Month

Day

Jun 11

Y.

M.

D.

Age

63

Native of

Ireland

Occupation

Grover

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pleuro pneumonia

How long sick

120K

Death

Immediate

Heart failure, pneumonia

Accident, Suicide, Homicide

Reported by

Henry

Ged

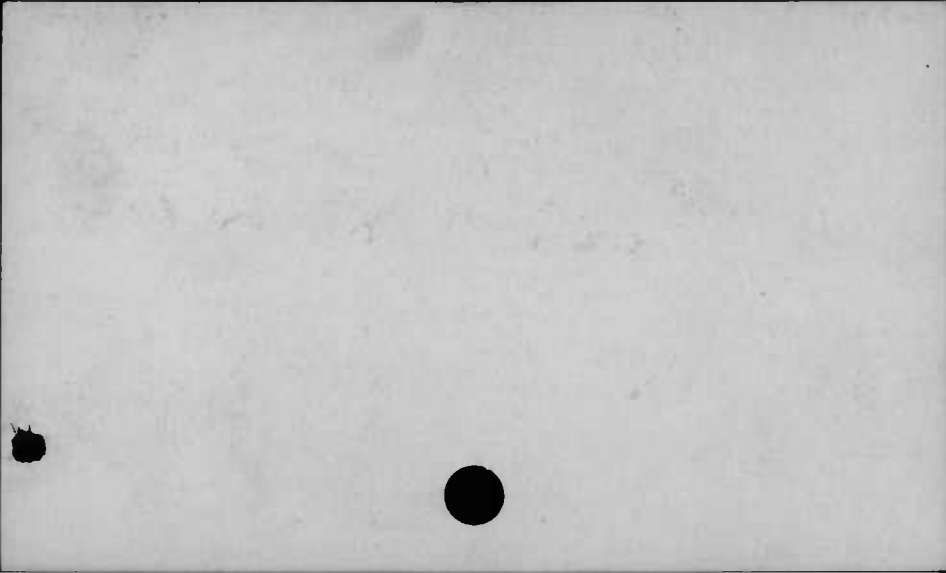
Tartan

Address

Roland

Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>January</i>	Day <i>5th</i>	Age <i>1/2</i> Years <i>hours</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Highlandtown</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>Joel Magee</i>					
Father's Name <i>Daniel Magee</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Petersen</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Louise Ruffel</i>			How related to deceased <i>Not related</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pre-mature birth</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Hollenberg</i>
<i>✓</i>	Address <i>1818 E Baltimore St.</i>
Accident or Suicide?	

H. L. Phillippi

Name in Full

Certificate of Death

Rosa Manty

Town

County

Died at

Shannon's Point

Bullo.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 23rd

Age

2

Med

Nurse

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Jas Manty

Cause of

Primary

Pneumonia

93

How long sick

3 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Frank C Eldred MD

Address

Shannon's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Filippo Marino

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* Town

County

Date

of death 190

3

Month

January

Day

3

Age

Years

4 (found)

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Highlandtown*Married, Single
or Widowed*2*

Occupation

*nothing*Name of Wife or
Husband*Concettina Wazzana*
~~Rosario Marino~~Father's
Name*Rosario Marino*Father's
Birthplace*Cefalù (Italy)*Mother's
Maiden Name*Concettina Wazzana*Mother's
Birthplace*Cefalù (Italy)*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH.

Primary

*Bronchitis**90*

How long

10 days

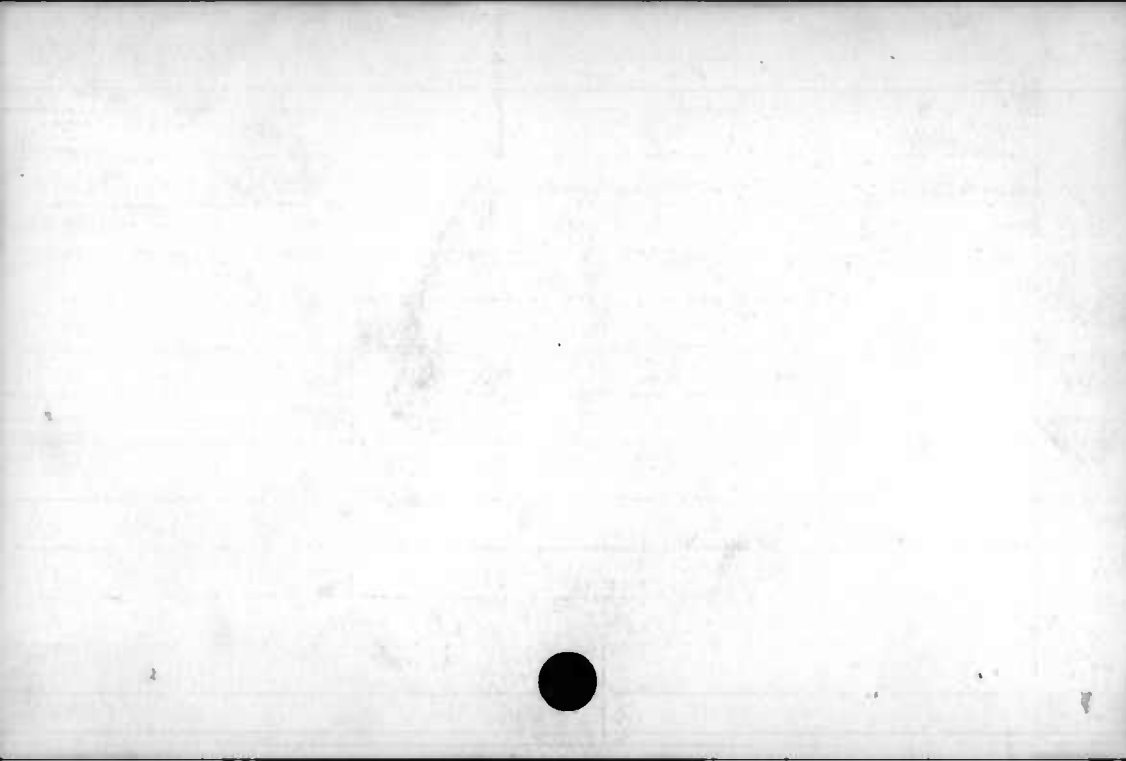
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Joseph Barranco MD*

Address

650 W. Saratoga street

Accident or Suicide?



Name In Full

Certificate of Death

Mary Elizabeth Martin

Died at ^{Town} Phoenix ^{County} Balto

MARYLAND

Date 19 ⁰³ Jan ¹⁴ Age 1-6-14 Native of Mo Occupation Infant

~~Male~~ White ~~Marrd~~ ~~Widow~~ ~~Divorced~~

Female ~~Married~~ Single ~~Widower~~ Number of children living

Husband of

~~Wife~~

Father's Name Harry Stanton Martin Mother's Maiden Name Mary Ann Smith

Cause of Death { Primary Gorted Intestinal Colic How long sick 3 days

Immediate Meningitis 105

Accident, Suicide, Homicide

Reported by Dr J. B. Bruns

Address Cockeysville Balto. Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ezekiel Mathews.

CERTIFICATE OF DEATH

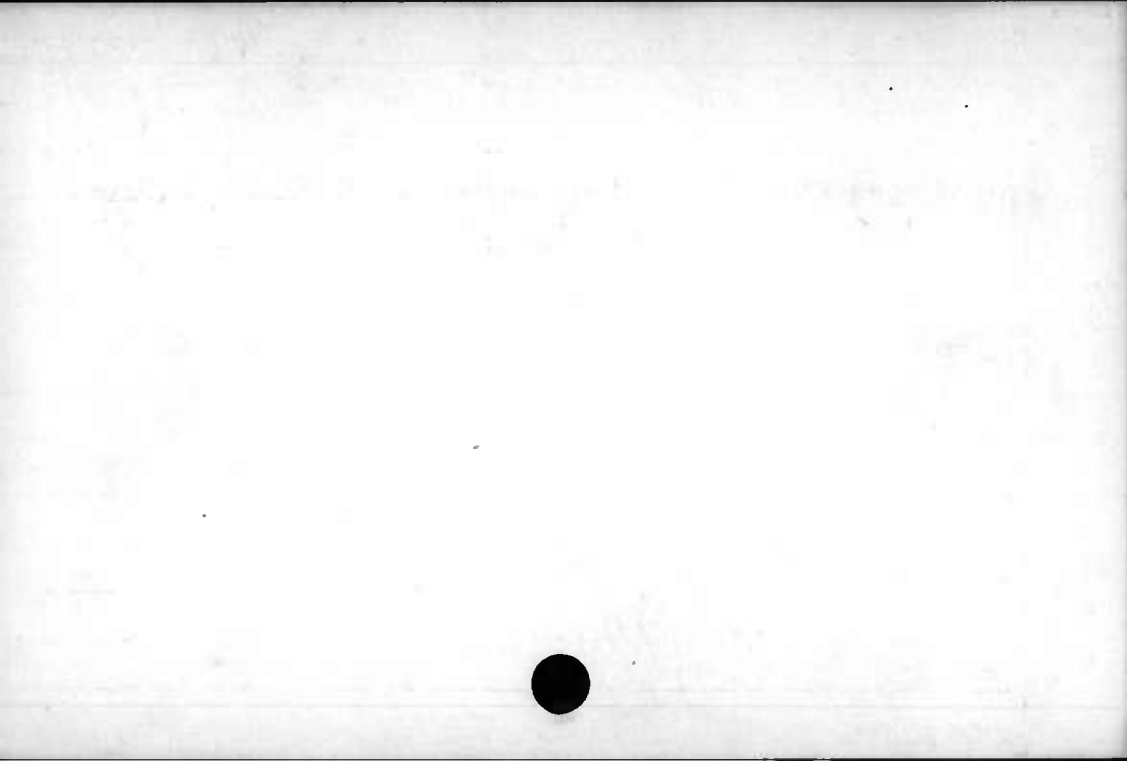
TO BE ANSWERED BY
NEAREST FRIEND

Died at 2730 Bernard St. Hampden		County Balto.		MARYLAND	
Date of death 1903	Month Jan	Day 28	Age 75	Months 9	Days 10
Sex Male	Color or Race White	Birth-place Md.			
Married, Single or Widowed Widower	Occupation Farmer				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Congestion of Brain & Pneumonia	
Immediate	How long
Collapse 10 days.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Wm. H. Liddeman,
	Address Chesnut & 1st Aves.
	Hampden
Accident or Suicide?	



Name
in
Full

Theodore Roosevelt Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

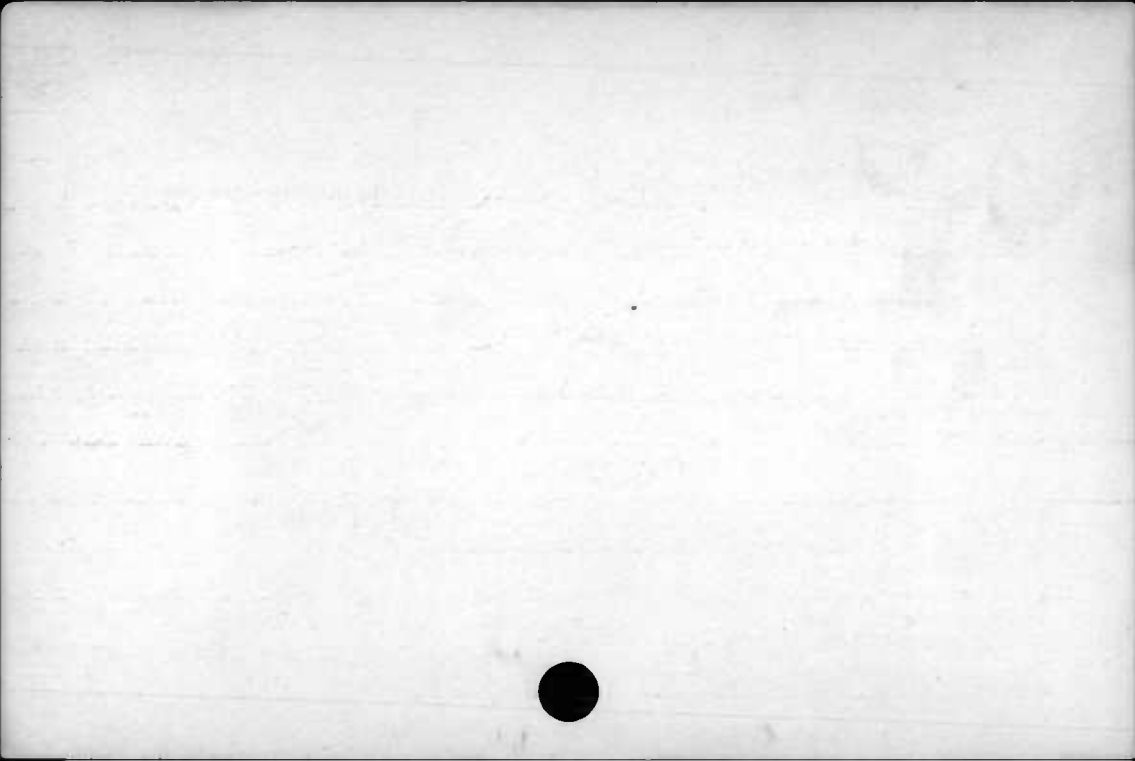
MARYLAND

Died at			Town		County	
Date of death 1903		Month	Day	Age	Years	Months
Sex		Color or Race		Birth-place		Days
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving In formation				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Asthma		2 weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Died at

Date 1903

Male

Female

White

Colored

Age 34

Married

Single

Widow

Widower

Divorced

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jettie Morris

Died at *Ms Hope Retreat* *Balto Co* *Balto Co*

Date of death 1903 *Jan* *28th* *Age 69 yrs*

Sex *Female* Color or Race *White* Birth-place _____

~~Married, Single~~
~~or Widowed~~ Occupation _____

Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Records of Ms Hope* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Mania - 68* How long _____

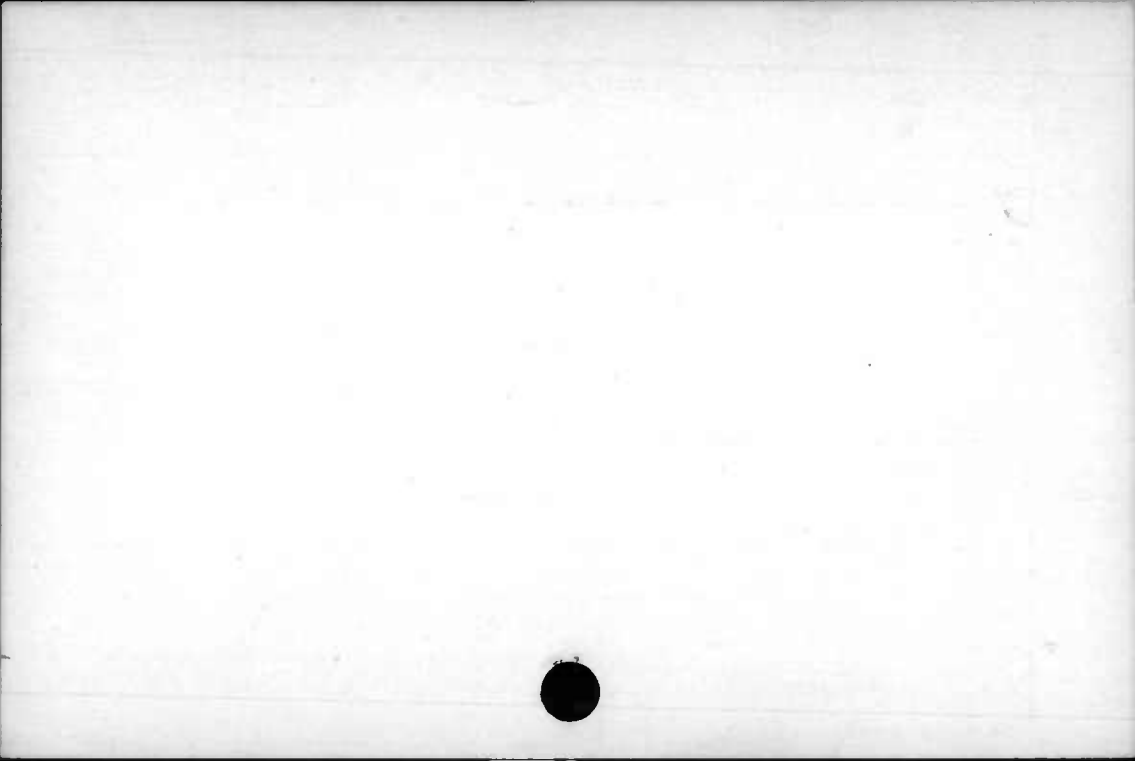
Immediate *Exhaustion -* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. Flannery*

Address *Ms Hope Retreat*
Baltimore Co

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Monton</i>		County <i>Bates</i>		MARYLAND	
Date of death 1903		Month <i>Jan.</i>	Day <i>22</i>	Years <i>32</i>	Age <i>32</i>		Months <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		Occupation	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Miscarriage at 6 1/2 mos.</i>	How long	<i>Life</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. E. Neal, M.D.</i>	
		Address <i>105 E. Neal St.</i>	
Accident or Suicide?			

True copy of a certificate of death made upon
Baltimore City paper and transcribed for
filing.

John S. Fulton,
State Registrar

Name in Full

Certificate of Death

Charles Mueller

Town

County

Died at Windsor Heights Baltimore

MARYLAND

Date 1902. 1-26- Age 40 - - Ind Occupation Salesman

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 0

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of	Primary	Leucemia Ataria	How long sick	2 days
	Death	Immediate	Memia	60

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Diary at Linden Park
Jan 28/903
Wm M. Anne Cook
105 E. North Ave

Name in Full

Certificate of Death

McAleena Murphy
 Died at *Terfas* Town *Balto.* County MARYLAND

Date *1903* Month *Jan.* Day *17* Age *62* Y. M. D. Native of *Ireland* Occupation *none*
 Male White Married Widow ~~Divorced~~
 Female Colored Single ~~Widow~~ Number of children living

Husband
of
Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary *Emble Pneumonia* Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by *J. F. Barry M. D. 93.*
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Margaret Noffenberger

Town

County

Died at Leckapville

Baltimore

MARYLAND

Date 1903 Jan 21
 Month Day Y. M. D.
 Age 79.9
 Native of Germany
 Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widowed
 Number of children living 6

Husband of Conrad Noffenberger
 Wife of 79
 Father's Name John Gumbert
 Mother's Name do not know

Cause of Death Primary Organic Heart Disease
 Immediate Pulmonary Congestion
 How long sick 1 hour
 Accident, Suicide, Homicide

Reported by Dr J. B. B. B. B.

Address Leckapville Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Auguste Bertha Ottile

Known
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delight</i> ^{Town}		<i>Bald</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>Jan</i> ^{Day} <i>24</i>		Age <i>15</i> ^{Years}		Months <i>11</i>	Days <i>17</i>
Sex <i>Female</i> <i>24</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House maid</i>			
Name of Wife or Husband					
Father's Name <i>Robert E. Knorr</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Harvorne Knorr</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>1</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measels</i>	How long <i>about one week</i>
Immediate <i>Pneumonia</i>	How long <i>about five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Campbell, M.D.</i>
	Address <i>Cherry Mills Ind</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Maggie Parker

CERTIFICATE OF DEATH

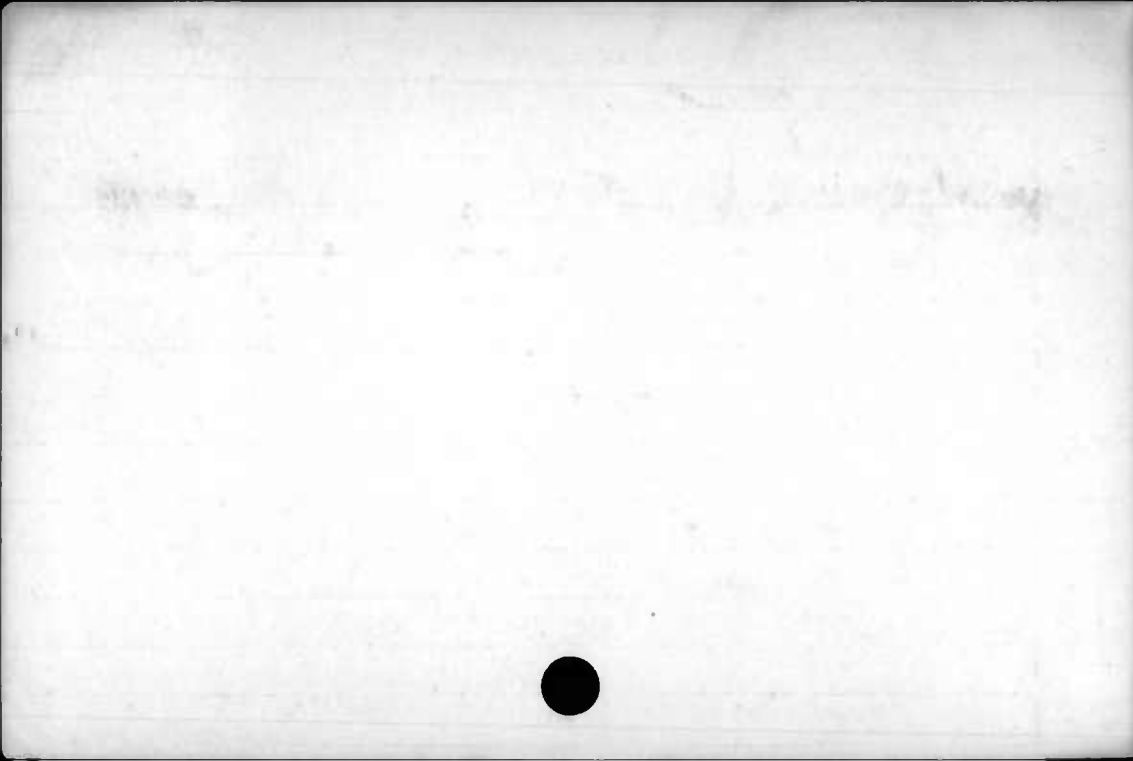
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Wiggins		^{County} Baltimore		MARYLAND	
Date of death 190	3	Month	Jan	Day	13
Age	Years	43	Months		Days
Sex	Female	Color or Race	Black	Birth-place	Montgomery Co. Md.
Married, Single or Widowed	Married	Occupation	House wife		
Name of Wife or Husband	Samuel Parker				
Father's Name	Samuel Powell			Father's Birthplace	Maryland
Mother's Maiden Name	—			Mother's Birthplace	—
Name of person giving information	Samuel Parker			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute Pulmonary Phthisis	How long	25-days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank H. Ruhl
		Address	Lawson Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

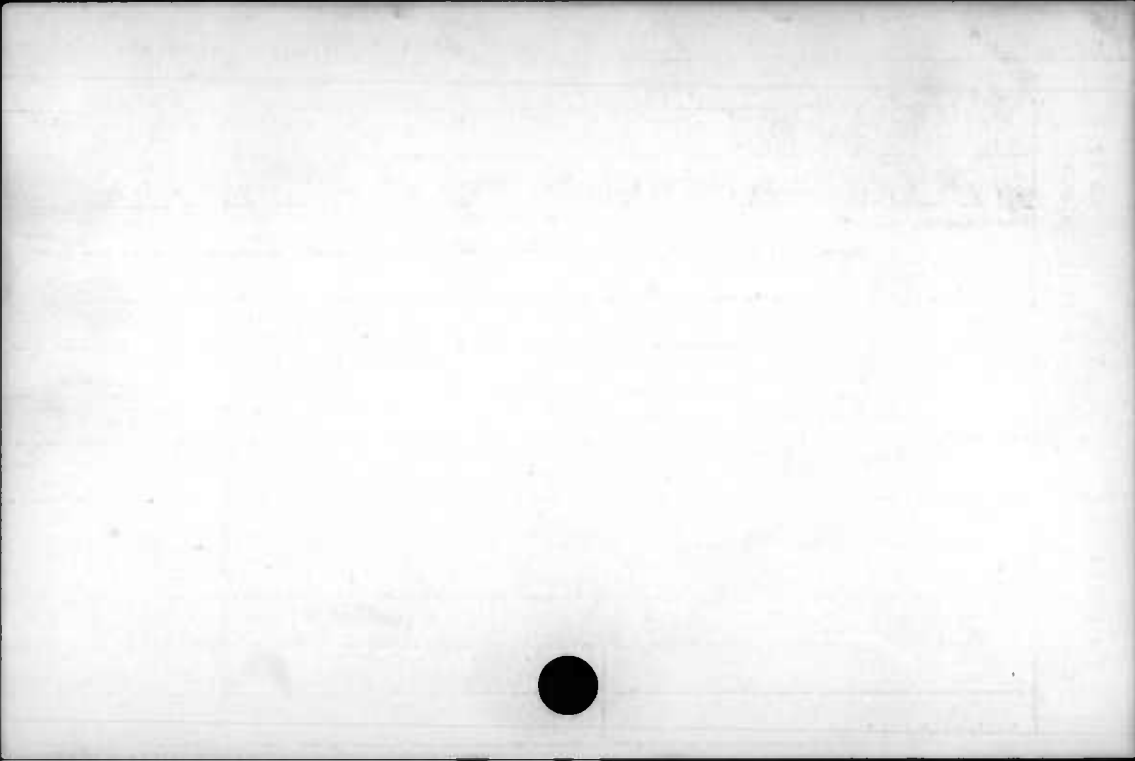
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Sanitarium</i>		Town <i>Balt.</i>		County		State <i>MARYLAND</i>	
Date of death 1903	Month <i>January</i>	Day <i>3</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>					
Married, Single or Widowed		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>120</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long
Immediate	<i>Uræmia & Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Ryan</i>
		Address <i>St Agnes Sanitarium</i>
Accident or Suicide?		



Maranda M. Pearce

Died at Parkville Town Baltimore County MARYLAND

Date 1903 Jan. 13 Month Day Y. M. D. Balls Co. Native of Occupation Domestic

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Rufus P. Pearce

Wife

Father's Name Joshua Coe Mother's Maiden Name Sallie Parlett

Cause of Death { Primary Mitral Insufficiency How long sick About 9 weeks

Immediate Failure Compensation - Exhaustion Accident, Suicide, Homicide

Reported by Lizard D. Whiteford, M.D.

Address Parkville Balls Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John T. Pennington

CERTIFICATE OF DEATH

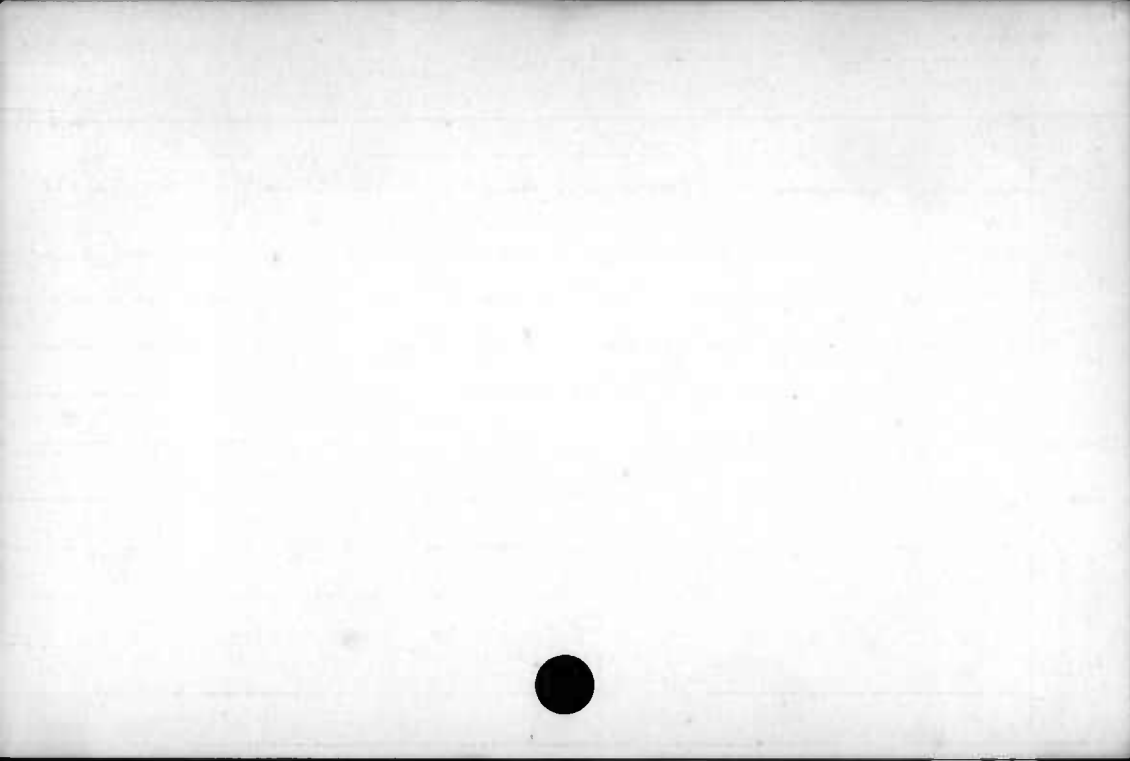
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Airies		County Baltimore		MARYLAND	
Date of death 1903		Month Jan.	Day 13	Age 19	Years 11	Months Days	
Sex Male		Color or Race White		Birth- place Balt. Co. Md.			
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife Husband		Lyda Pennington					
Father's Name		John T. Pennington				Father's Birthplace Balt. Md.	
Mother's Maiden Name		Margaret Hickey				Mother's Birthplace West Virginia	
Name of person giving In formation		Margaret Pennington				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Phthisis.	How long	8 Months.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank H. Pugh, M.D.	
Address		Lansdowne Balt. Co. Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Margaret E. Poe

Town

County

Died at

MARYLAND

Date 1803 Jan 27 | Y. 3 | M. | D. | Native of Md | Occupation —

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐ Number of children living —

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Pretzl

Town

County

Died at

Canton

Balls.

MARYLAND

Date 1903 Jan 20 1 1 1
 Month Day Y. M. D. Native of Canton Occupation None
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
Female ~~Colored~~ Single Widower Number of children

Husband
of
Wife

Father's

Name

John Pretzl

Mother's

Name

Annie Pretzl

Cause of

Primary

Inanition

How long sick

2 weeks

Death

Immediate

Heart failure

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Dr. A. J. Sauer

Address

Balls. Md.

3042 Donnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Jan 21st 1903

Germanus France,

Name
in
Full

Lydia a. Rader

CERTIFICATE OF DEATH

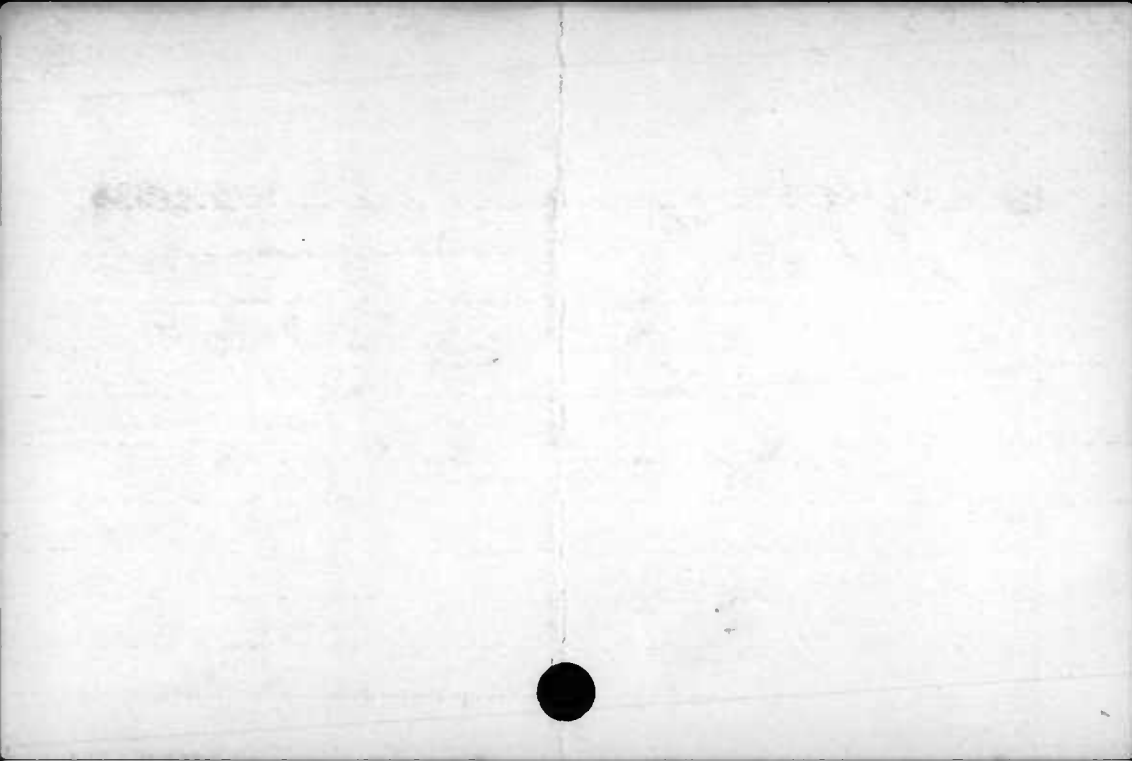
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rayville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>1</u>	Day <u>29</u>	Age	Months <u>1</u>	Days <u>22</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> or Widowed			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>John a. Rader</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Emm L. Bolinger</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>John a Rader</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteritis</u>	<u>105</u>	How long <u>1 week</u>
Immediate <u>Bronchitis</u>		How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. B. Norris</u>	
	Address <u>Parkton</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

C. Leclair Randle

CERTIFICATE OF DEATH

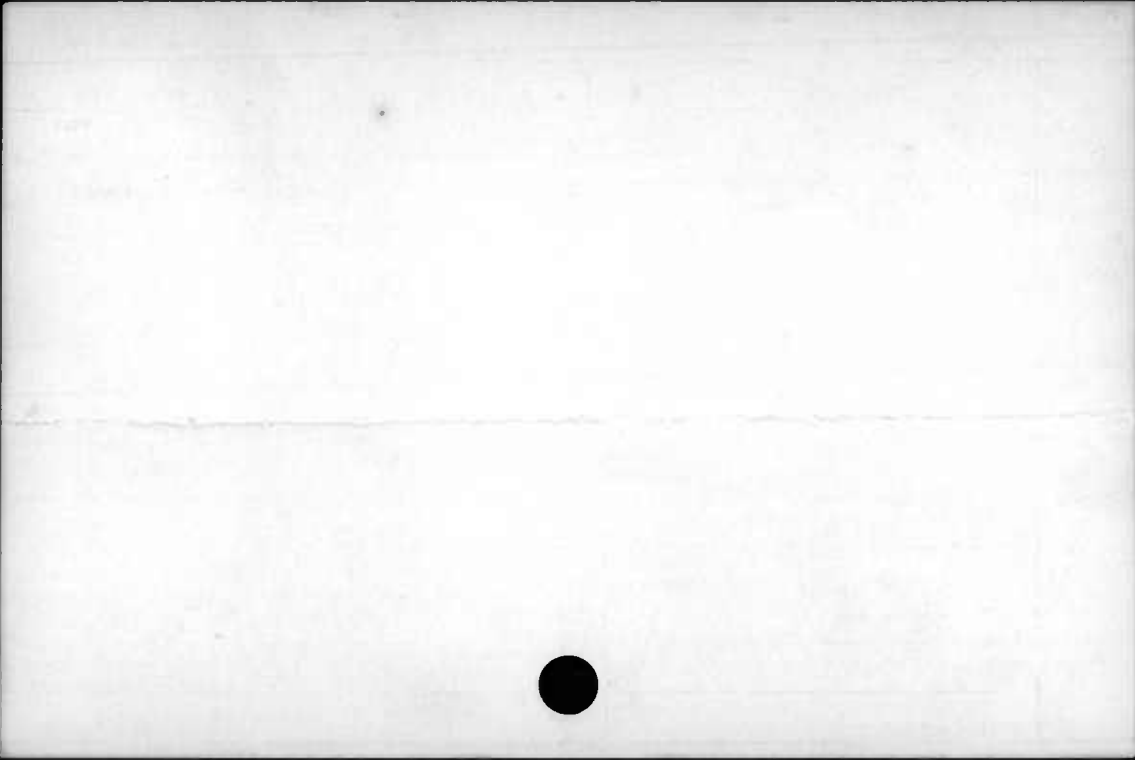
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Halethorp</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>Jan</i>	Day <i>20th</i>	Age <i>8 mos.</i>	Years	Months <i>8 mos.</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Halethorp</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>Charles Randall (deceased)</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Ella Randall</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving In formation <i>Family</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>one week</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Hood, M.D.</i>	
<i>They are</i>		Address <i>608 N. Gilmer St. Balt.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

V. Clinton Reynolds

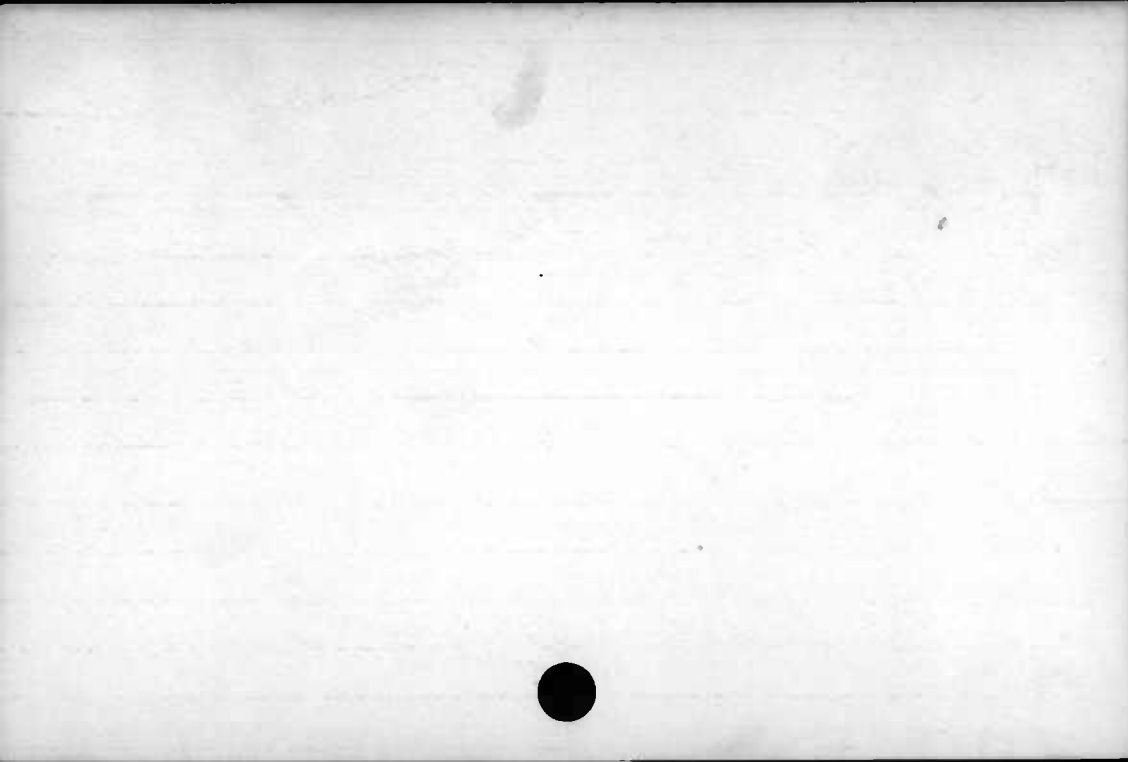
Died at ^{Town} Mt Hope Retreat ^{County} Baltimore

MARYLAND

Date of death 1903 ^{Month} Jan ^{Day} 26th ^{Years} Age 74 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Buffalo N.Y.^{Married, Single or Widowed} Widowed ^{Occupation} Retired Merchant^{Name of Wife or Husband}^{Father's Name}^{Father's Birthplace}^{Mother's Maiden Name}^{Mother's Birthplace}^{Name of person giving information} Records of Mt Hope^{How related to deceased}

CAUSES OF DEATH

^{Primary} Senile Dementia 68^{How long}^{Immediate} Exhaustion^{How long}^{Are the name, age, sex, color, date and place correctly given above?}^{Signature of Physician} Frank J. Flaming^{Address} Ches-Mt Hope Retreat
Bald Co Md^{Accident or Suicide?}PHYSICIAN
OR CORONER



Name in Full Mrs Bessie Riley		CERTIFICATE OF DEATH	
Died at Town Washington County Balt.		MARYLAND	
Date of death 1903	Month 1	Day 1	Age 77 Years 9 Months 9 Days
Sex Female	Color or Race White	Birth-place Ireland	
Married, Single or Widowed Widowed	Occupation House		
Name of Wife or Husband Patrick Riley			
Father's Name Patrick McGuire	Father's Birthplace Ireland		
Mother's Maiden Name Unknown	Mother's Birthplace Ireland		
Name of person giving information Joe. Hyland	How related to deceased Son		
CAUSES OF DEATH			
Primary Senility	How long 4 months		
Immediate Exhaustion	How long 5 days		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. H. Butler		
	Address 220 Washington		
Accident or Suicide?			



Name In Full

Certificate of Death

Elizabeth Rippel

Town

County

Died at

Canton

Balto

MARYLAND

Date 19

03

Month

Day

1. 18th

Y.

M.

D.

Age

75.6.

Native of

Germany

Occupation

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dropsy

Death

Immediate

Heart Failure

179

How long sick

2 mos.

Accident, Suicide, Homicide

Reported by

Mr White Jr

Address

1101 N. Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. Kernig & Son
Trinity beer.

Name in Full

Certificate of Death

Walter Parke Rupert

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 14

Age

27

6

8

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

3 weeks.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mattie Lynch

Alexander H. Rupert

Kate Brethle

Typhoid fever

Peritonitis

J. C. Hesse, M.D.

Sta. H. (Gorans)

Baltimore Md.



Katherine Schuler
 Town, County

Died at

Hartsville Baltimore

MARYLAND

Date ~~100~~ Jan 15th 1914
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Y. M. D. Age 53 - -
 Native of U. S. Occupation Home wife
 Widower ☒ Number of children living 7

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name
in
Full

Elizabeth Schneider

CERTIFICATE OF DEATH

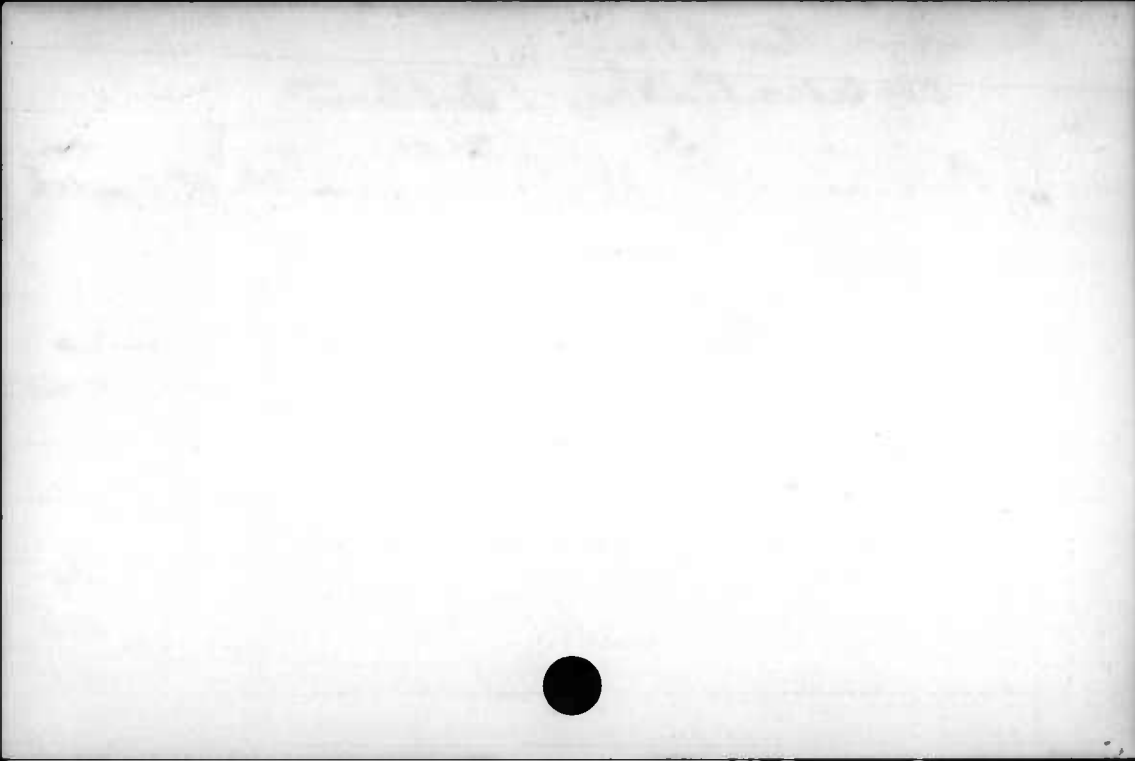
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tonson</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>28</i>	Age <i>79</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>widow</i>			Occupation		
Name of Wife or Husband <i>Lawrence Schneider</i>					
Father's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Julius Rudiger</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	<i>179</i>	How long <i>2 days</i>
Immediate <i>yes</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Saulsbury</i>	
	Address <i>Tonson Md</i>	
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Highlandtown

Town

Baltimore

City

MARYLAND

Date

of death 190

3

Month

6

Day

18

Age

66

Years

Months

7

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Married, Single
or Widowed

Married

Occupation

Shoe Dealer

Name of Wife or
Husband

Catherine Schofield

Father's
Name

William Schofield

Father's
Birthplace

Ireland

Mother's
Maiden Name

Ann Hammer

Mother's
Birthplace

Ireland

Name of person giving
information

J. C. Schofield 179

How related
to deceased

Son

CAUSES OF DEATH

Primary

Complications of Disease

How long

3 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

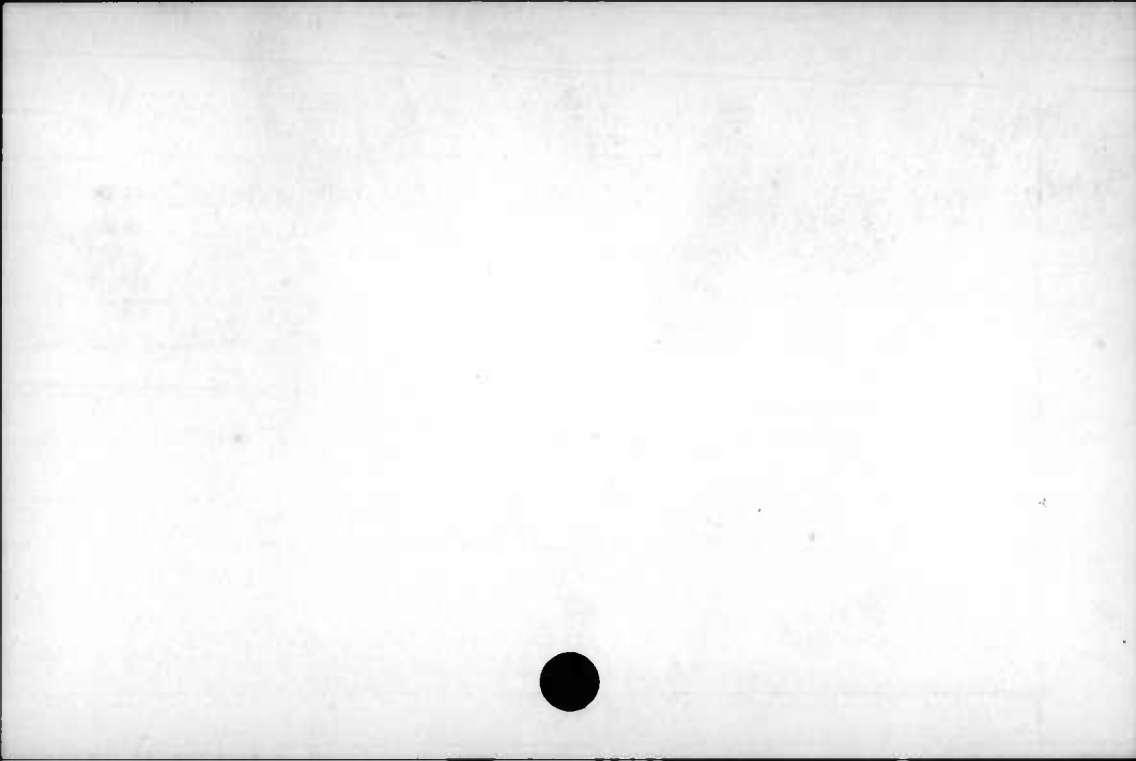
Signature of
Physician

J. C. Schofield

Address

1400 First St

Accident or Suicide?



Name
in
Full

Minnie Kathleen Schriener

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>217 Wilson Hospital, Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>31</i>	Age <i>1 year</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Leob C. Schriener</i>				Father's Birthplace <i>Prussia</i>			
Mother's Maiden Name <i>Thompson</i>				Mother's Birthplace <i>Prussia</i>			
Name of person giving information <i>J C Schriener</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>6</i>
Immediate <i>Bronchitis Pneumonia</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Schriener M.D.</i>
	Address <i>1111 Chesapeake St.</i>
Accident or Suicide?	

J. L. E. Hughes,

Western Canon

Name
in
Full

Ann Hunter Scott

CERTIFICATE OF DEATH

Died at ^{Town} Chestnut Ridge

County Baltimore

MARYLAND

Date
of death 190 3

Month 1

Day 22

Age 81

Years

Months —

Days —

Sex

Female

Color or
Race

White

Birth-
place

Pa

~~Married~~ Single

Occupation

Name of Wife or
HusbandFather's
Name

John Scott

Father's
Birthplace

Pa

Mother's
Maiden Name

Sydney Parling

Mother's
Birthplace

Pa

Name of person giving
In formation

Brother Geo Scott

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Fall on ice

How long

Three weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

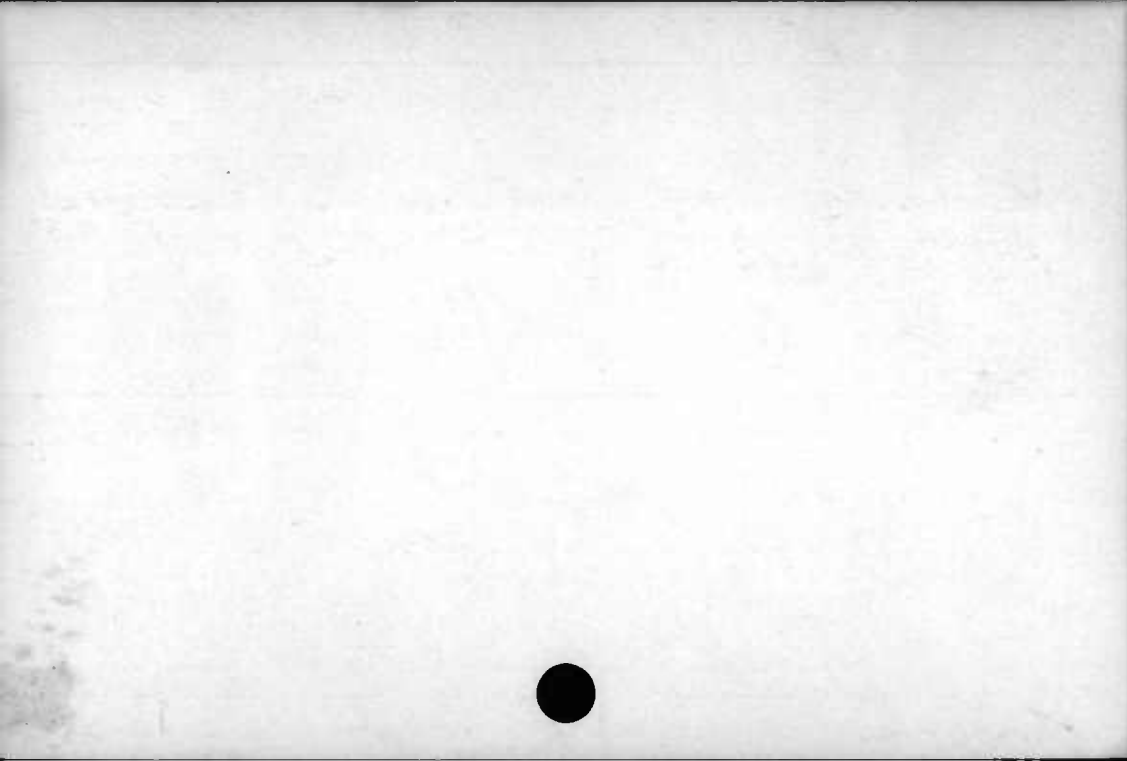
Address

Harris Taylor
Pikesville

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Charles Seibert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Highlandtown		Baltimore		MARYLAND		
		Date of death 1903	Month	Day	Age	Years	Months	Days
		3	Jan.	14			7	
		Sex	Male	Color or Race	White	Birth-place	Ind	
		Married, Single or Widowed	Single		Occupation		None	
Name of Wife or Husband								
Father's Name		Thomas Seibert				Father's Birthplace		
						Germany		
Mother's Maiden Name		Ursula Gresslein				Mother's Birthplace		
						Germany		
Name of person giving information		Thomas Seibert				How related to deceased		
						Father		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Sepsis 35	
	Immediate	Exhaustion	
	Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	H. W. Schuchert	
	Address	1013 Canton St.	
Accident or Suicide?		No	

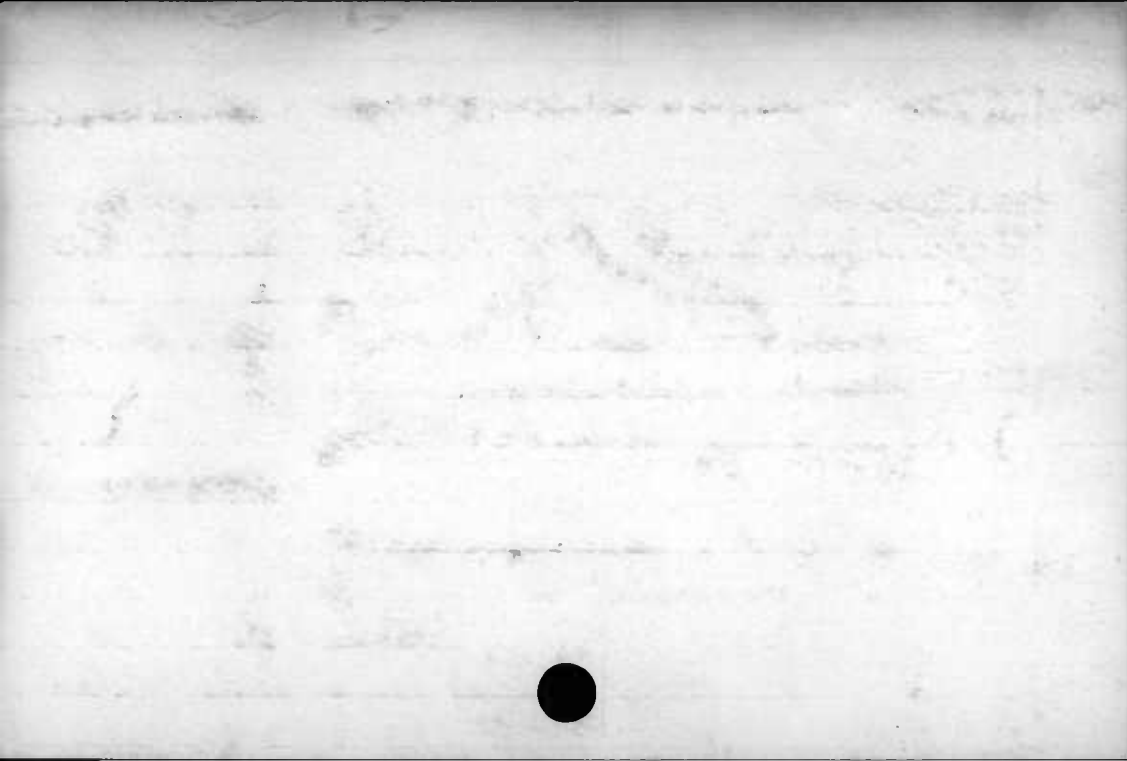
St. Alphonsus Cemetery

Jan. 16th 1903

Germanus Franu

Under taken

Name in Full		Helen Gibson Shattuck				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sudbrook Park	County Ball Co.		MARYLAND	
	Date of death 1903	Month June	Day 22	Age	Years	Months 4	Days 7
	Sex Female		Color or Race White		Birth- place Sudbrook Park		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name George Burlank Shattuck				Father's Birthplace Lowell Mass		
	Mother's Maiden Name Annie Belle Gibson				Mother's Birthplace " "		
	Name of person giving Information C. A. Perrowe				How related to deceased Physician		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Grippe				How long About 1 week		
	Immediate Heart failure				How long few minutes		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Clement A. Perrowe		
	Accident or Suicide?				Address 21 W. Mt. Royal Ave Baltimore		



Name
in
Full

Mary a Shelton


CERTIFICATE OF DEATH

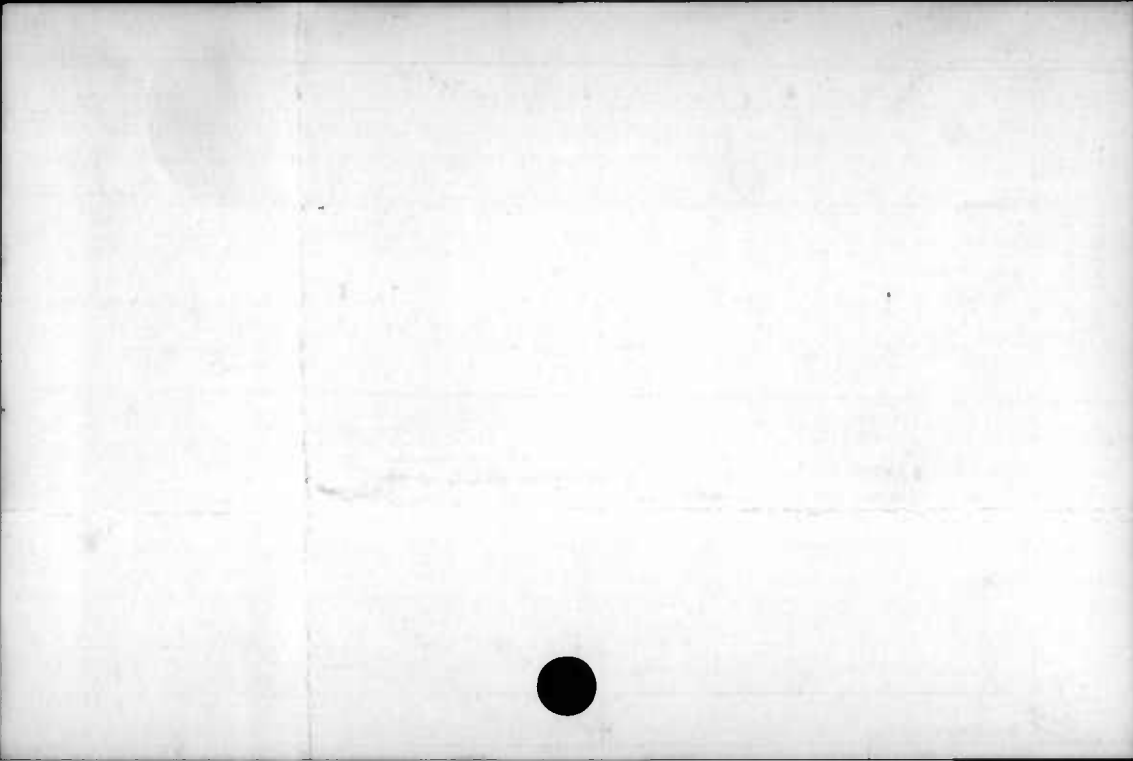
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Winans</i>		Town		<i>Baltimore</i>		County	
Date <i>1903</i>		Month <i>Jan.</i>		Day <i>5</i>		Years <i>75</i>	
of death 190				Age		Months	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>N.Y. State</i>		Days	
Married, Single or Widowed <i>married</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>Edward Shelton</i>							
Father's Name <i>John Shelton</i>		Father's Birthplace <i>NY</i>					
Mother's Maiden Name <i>Maria Woltereborg</i>		Mother's Birthplace <i>NY.</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

*Pneumonia*PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long
Immediate <i>Pneumonia</i>		How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. E. Frazier</i>	
	Address <i>1815 N. Fulton ave</i>	
		
Accident or Suicide?		



Name
in
Full

Maggie Simms

CERTIFICATE OF DEATH

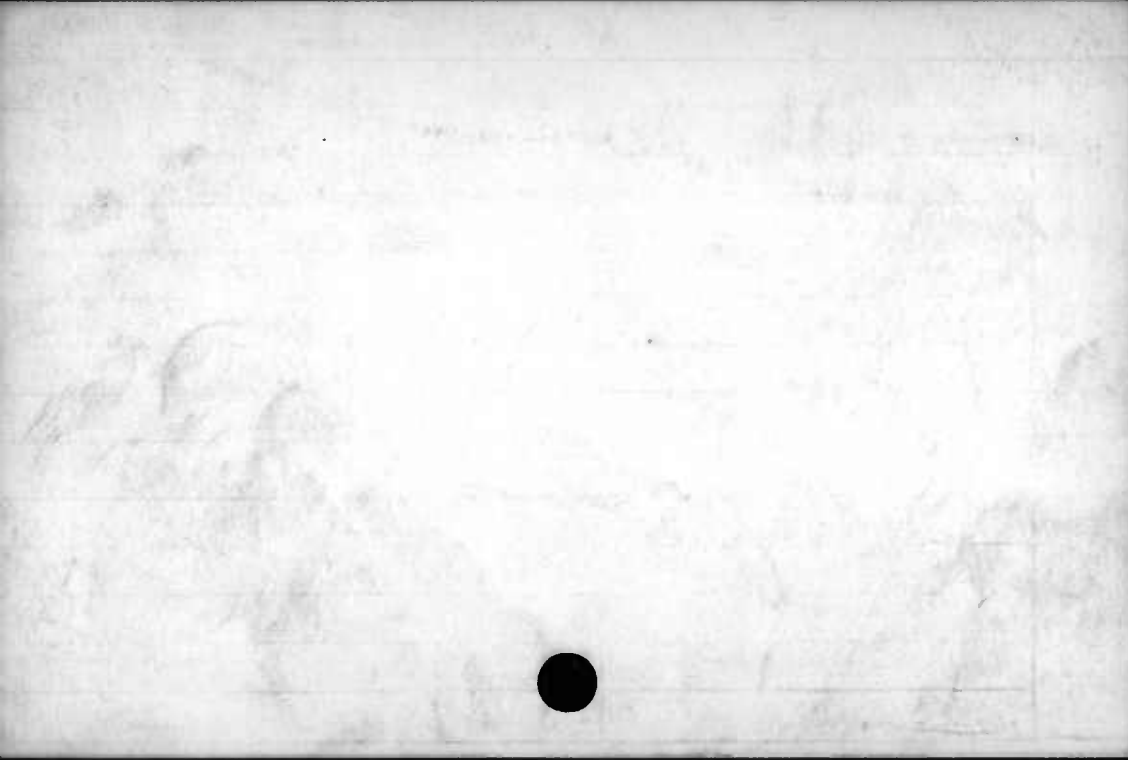
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>19</i>	Years <i>2</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Hollsville</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Nicholas Simms</i>			Father's Birthplace <i>aa. co</i>		
Mother's Maiden Name <i>Hattie</i>			Mother's Birthplace <i>Hawm co</i>		
Name of person giving in formation <i>Father</i>			How related to deceased <i>Q3</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Double Pneumonia</i>	How long <i>4 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Hall</i>
		Address <i>Int. Mission</i>
Accident or Suicide?		



Name
in
Full

Hugh Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes</i> Town / <i>Balt</i> County		MARYLAND	
Date of death 1903	Month <i>January</i>	Day <i>15</i>	Age <i>55</i> Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>	Months <i>—</i> Days <i>—</i>
Married, Single or Widowed <i>Single</i>	Occupation <i>none</i>		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>120</i>		How related to deceased	

CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* How long

Immediate *Uraemia & Involuntarily* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

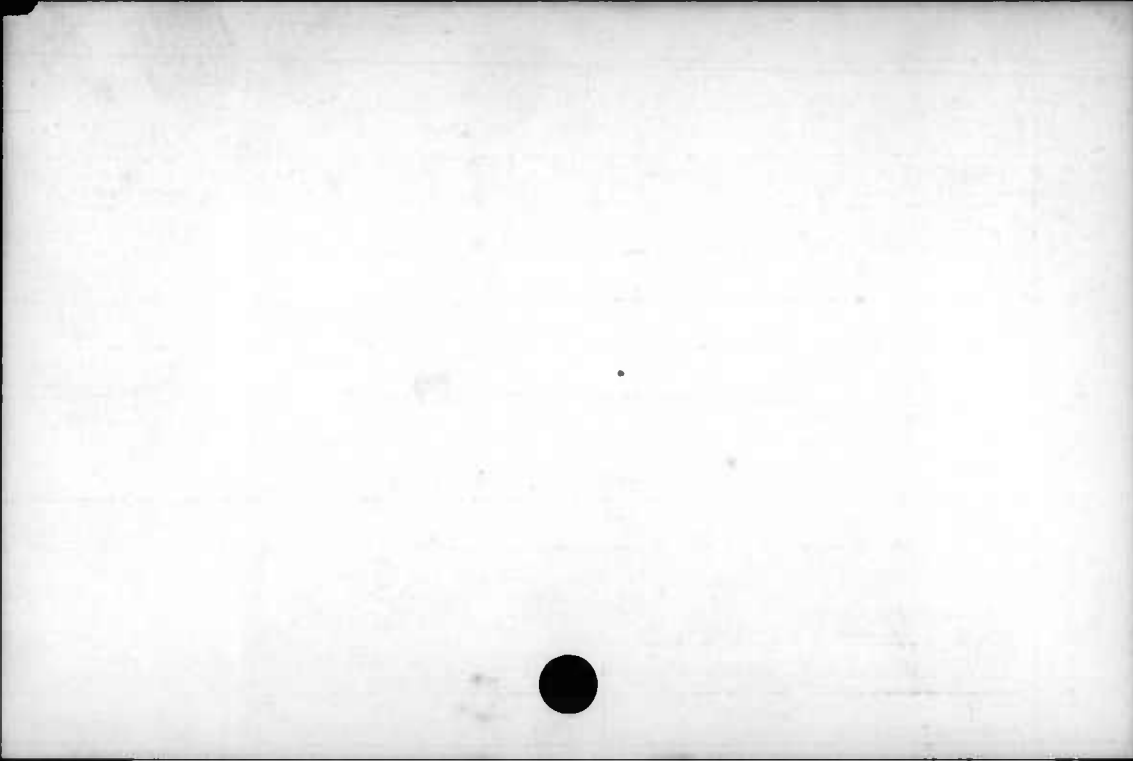
Signature of Physician

Address

Dr. R. M. D.
St. Agnes, Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Unnamed -

Died at ^{Town} Rossville ^{County} Dade MARYLAND

Date 1903 Jan 19 Y. M. D. Age Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Andrew Sister

Mother's

Maiden Name

Mary Sister

Cause of Primary

Death Immediate

Still birth

How long sick

Accident, Suicide, Homicide

Reported by

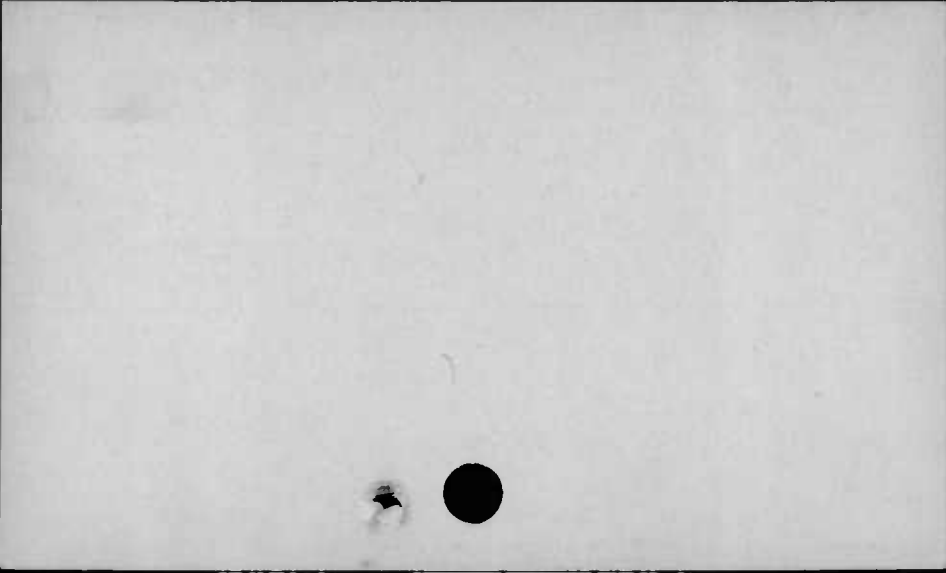
C. V. Mason M.D.

Address

Rossville Me.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name
in Full

CERTIFICATE OF DEATH

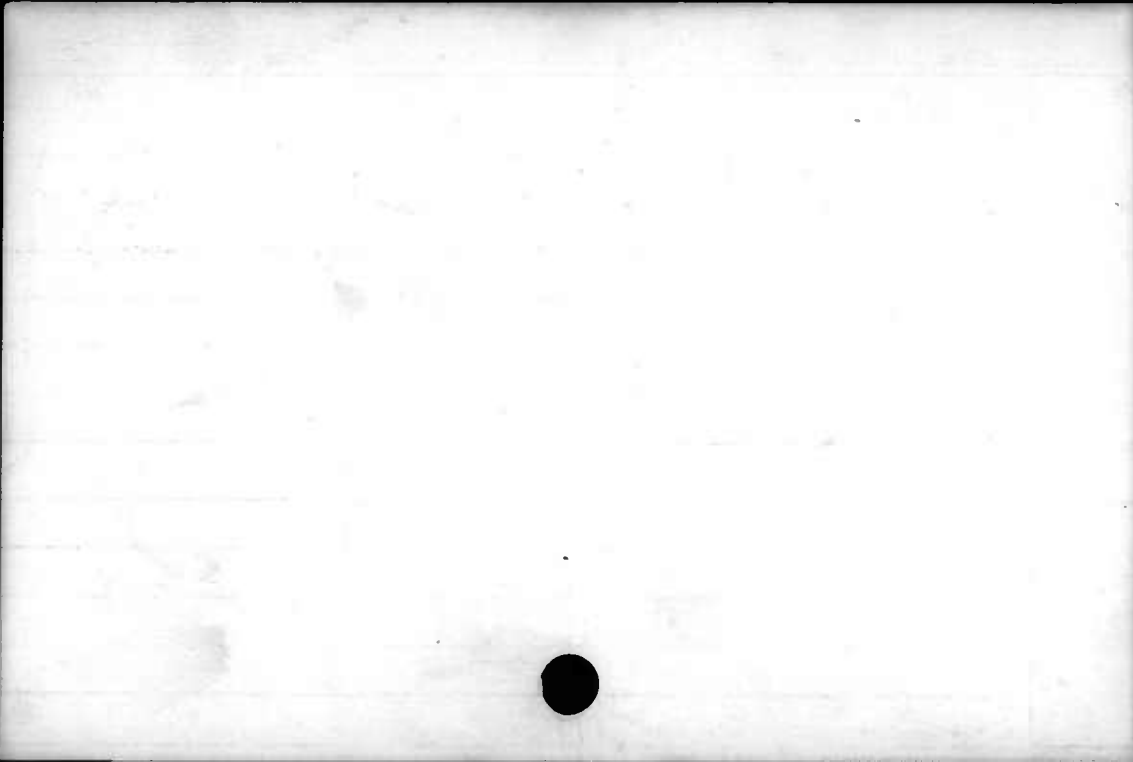
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Georges</i> Town			<i>Baltimore</i> County			MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan.</i>	Day <i>18</i>	Age	Years	Months <i>1</i>	Days <i>23</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St Georges</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>X</i>							
Father's Name <i>Thos. Skipper</i>				Father's Birthplace <i>Balk Co.</i>			
Mother's Maiden Name <i>Nellie M. Rhodes</i>				Mother's Birthplace <i>X</i>			
Name of person giving information <i>Nellie M. Skipper</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 or 4 days</i>
Immediate <i>Cerebral</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. P. Rice</i>
	Address <i>Glyndon Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Elmer L Smith

Died at ^{Town} St Georges ^{County} Bullman MARYLAND

Date 189 ¹⁹⁰³ ^{Month} Jan ^{Day} 3 ^{Y.} 9 ^{M.} 7 ^{D.} ^{Native of} Md ^{Occupation} child
 Male ~~Female~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ~~Number of children living~~

Husband
ofWife
Father's
Name

Jr Smith

Mother's
Name

Annie Smith

Cause of

Primary

Pneumonia

How long sick

3 days

Death

Immediate

Paralysis

93

~~Accident, Suicide, Homicide~~

Reported by

J Rouse Price

Address

Glyndon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name
in
Full

Grove P Smith

CERTIFICATE OF DEATH

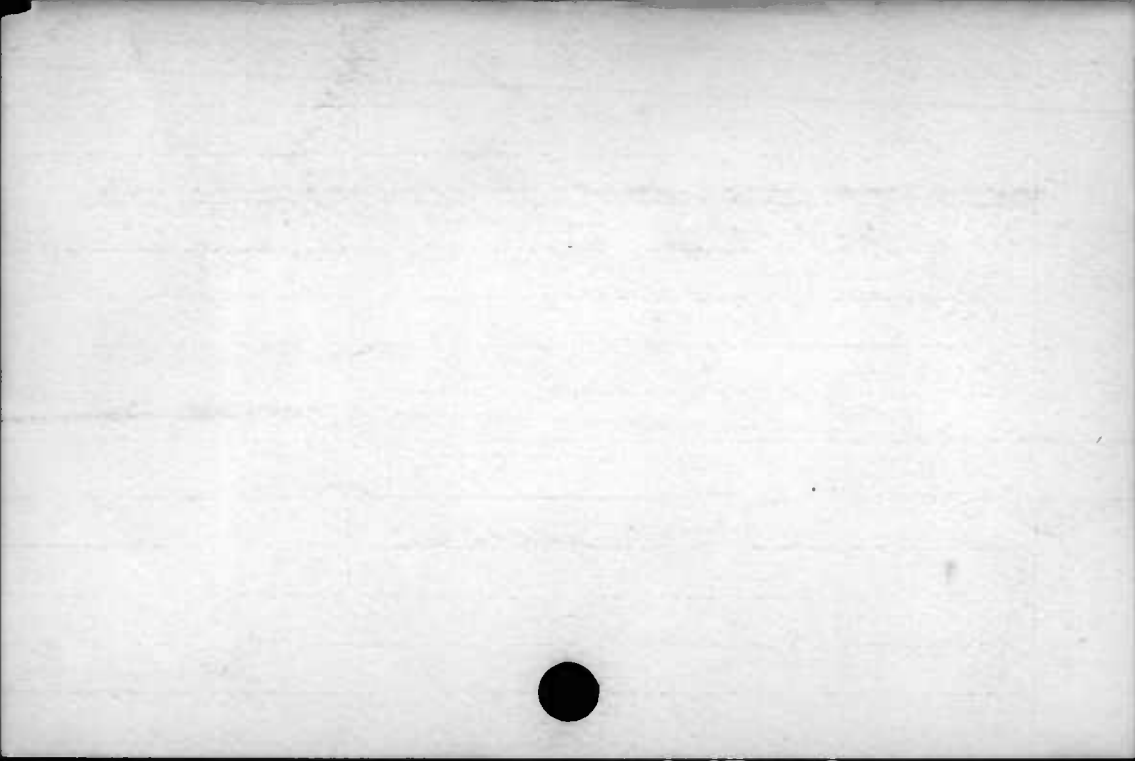
TO BE ANSWERED BY
NEAREST FRIEND

Died at St Georges		Town		Balti		County		MARYLAND	
Date of death 190 3	Month Jan	Day 16	Age —	Years —	Months 10	Days —			
Sex Male	Color of Face Colored		Birth-place Bataspco						
Married, Single or Widowed —			Occupation —						
Name of Wife or Husband —									
Father's Name Joe Smith					Father's Birthplace —				
Mother's Maiden Name Annie Smith					Mother's Birthplace —				
Name of person giving information Sister (Bessie Smith)					How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Supposed to be Pneumonia	How long one week
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician L. Brown
8	Address Phydrum Ind
Accident or Suicide? —	



Name
in
Full

Henry Smyth

CERTIFICATE OF DEATH

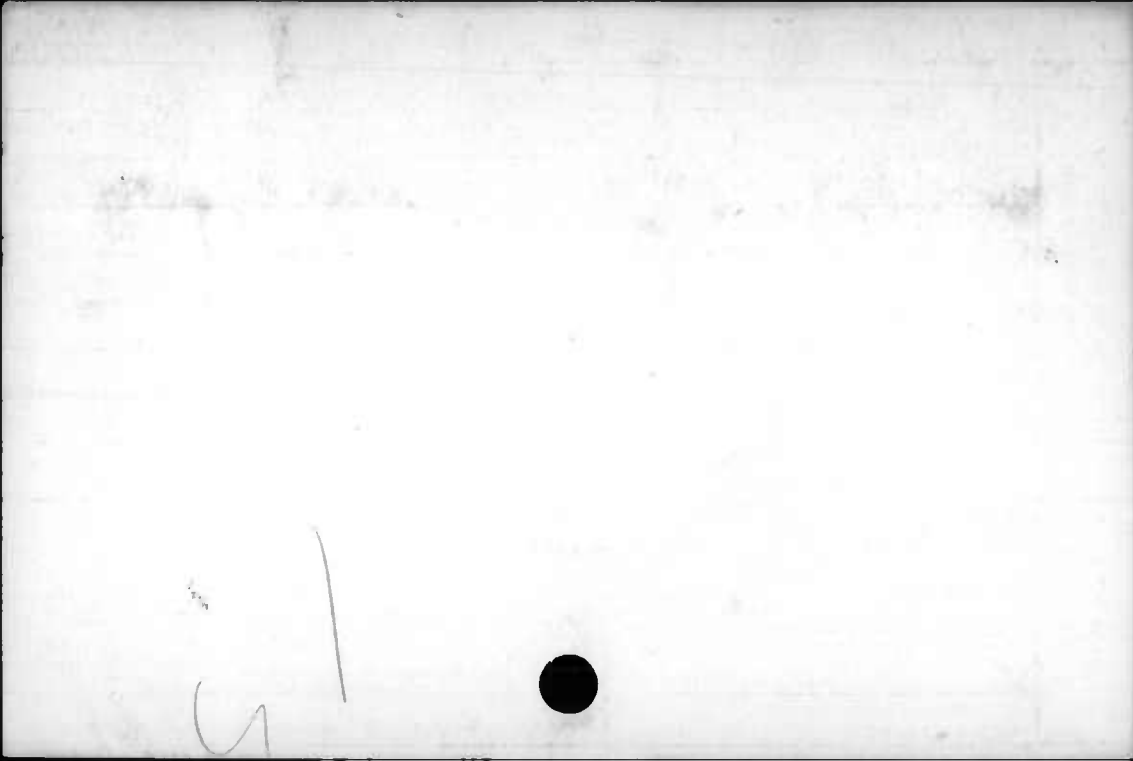
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bealetonville</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	3	Month	Jun	Day	28	Age	52
Sex		Male		Color or Race		white	
Married, Single or Widowed		Single		Occupation		Farmer.	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	How long	<i>29 years</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Ray Wade</i>	
Accident or Suicide?		Address	
<i>no</i>		<i>Bealetonville Md.</i>	



Name In Full

Certificate of Death

Richard Smith
 Town County

MARYLAND

Died at Western Run

Balto-

Date 1903

Month Day

1 3

Y. M. D.

Age 84

Native of

Ind.

Occupation

Labour

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living 1.

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Senility & Chronic Endocarditis

How long sick

Two weeks

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensor M.D.

Address

Cockeysville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be buried at
Stevens' Chapel
on Thursday Jan
8th 1903 by
A. W. Evers

Name in Full *Sarah Snyder*

CERTIFICATE OF DEATH

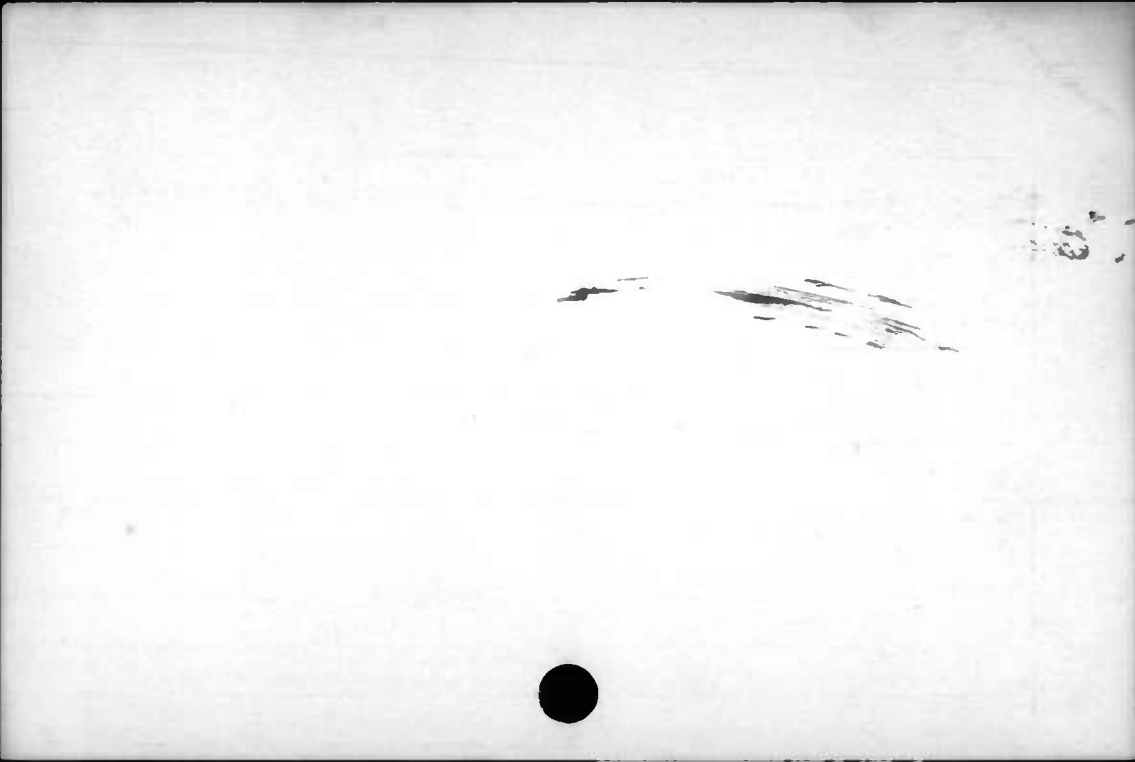
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 1903	Month <i>1st</i>	Day <i>11th</i>	Age <i>33</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Russia</i>			
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband					
Father's Name		<i>68</i>		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Rec'd of Mt Hope</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long
Immediate <i>Ex. Progressive Paralysis</i>	How long <i>abt 15 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Balto Co Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs Kate Stewart -

CERTIFICATE OF DEATH

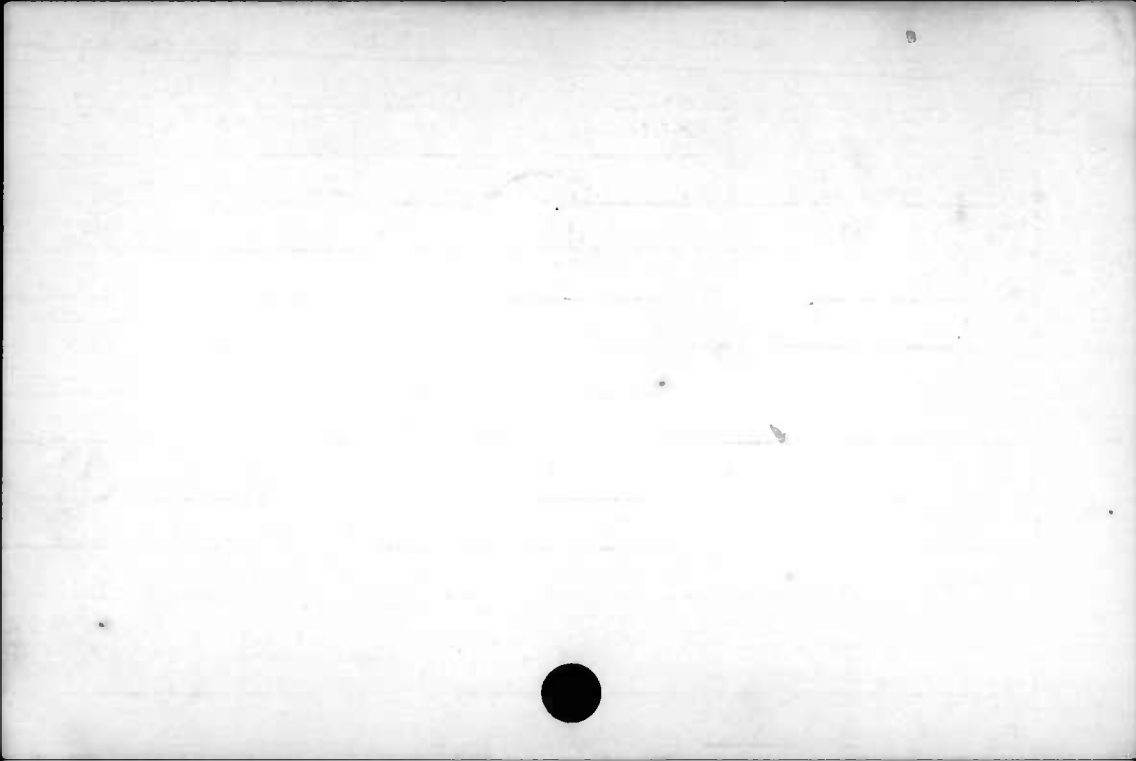
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McHorse</i> ^{Town}		County		MARYLAND	
Date of death 1903	<i>10th</i> ^{Month}	<i>8th</i> ^{Day}	Age <i>46</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Beetham</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Wife of Laborer</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Records of McHorse</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Acute</i>	How long <i>one month - (5)</i>
Immediate <i>Cardiac Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>McHorse Restriak - Bullock's Ma.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Edward Price Standiford

Town

County

Died at

Groomer Balto

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Jan	24	74	8	13	Balto Co	Builder
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	5	four

Husband

of

Amelia E. Standiford

Father's

Name

Clement Standiford

Mother's

Name

Mary Standiford

Cause of

Primary

Fracture of ~~Right~~ Femur.

How long sick

3 1/2 mo.

Death

Immediate

Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by

Geo. H. Hoehring.

Address

Sta St. Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72228



Name
in
Full

Morris E. Stiffler

CERTIFICATE OF DEATH

Died at

Parkton

Town

Balt

County

MARYLAND

Date

of death 1903

Month

1

Day

8

Age

Years

1

Months

7

Days

26-

Sex

Male

Color or
Race

White

Birth-
place

Near Parkton

Married, Single
or Widowed

—

Occupation

Infant —

Name of Wife or
Husband

—

Father's
NamePlesant^a StifflerFather's
Birthplace

Parkton Md

Mother's
Maiden Name

Ella F. Wincholt

Mother's
Birthplace

E. K. Md

Name of person giving
Information

P. A. Stiffler

How related
to deceased

Father

CAUSES OF DEATH

Primary

Anuria

How long

4 days

Immediate

Suppression of Urine

How long

4 days

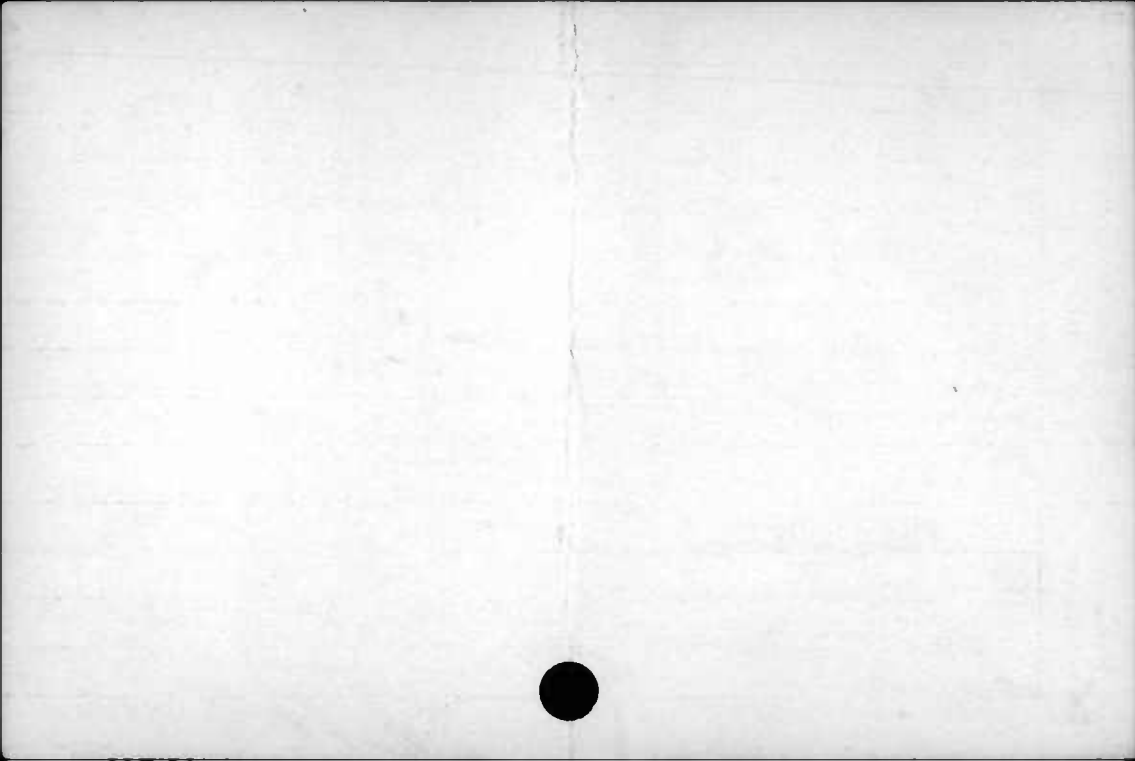
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. B. Morris
Parkton
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jessie C. Tartant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Jan</i>		Day <i>10</i>		Age Years <i>6</i> Months <i>mo.</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Balto Co.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Joseph. Tartant.</i>		Father's Birthplace <i>Penna</i>					
Mother's Maiden Name <i>Annie Seels</i>		Mother's Birthplace <i>Penna</i>					
Name of person giving Information <i>Joseph Tartant.</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insanition</i>		How long <i>Since birth</i>	
Immediate <i>Exhaustion</i> <i>151</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>L. F. Tracy M.D.</i>	
Accident or Suicide? <i>—</i>		Address <i>2466 Annapolis St. An Baltimore</i>	



Name In Full

Certificate of Death

Rev Stephen Tascov

Town

County

Died at

Reisterstown Baltimore

MARYLAND

Date 1903 Jan 27 Y. 80 M. 9 D. 15 Native of Md Occupation Preacher
 Male White Married Widower Divorced
~~Female~~ Colored ~~Single~~ Number of children living 7

Husband of
WifeFather's
NameMother's
Name

93

Cause of

Primary

Pneumonia

How long sick

3 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

H. M. Slade

Address

Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name
in
Full

CERTIFICATE OF DEATH

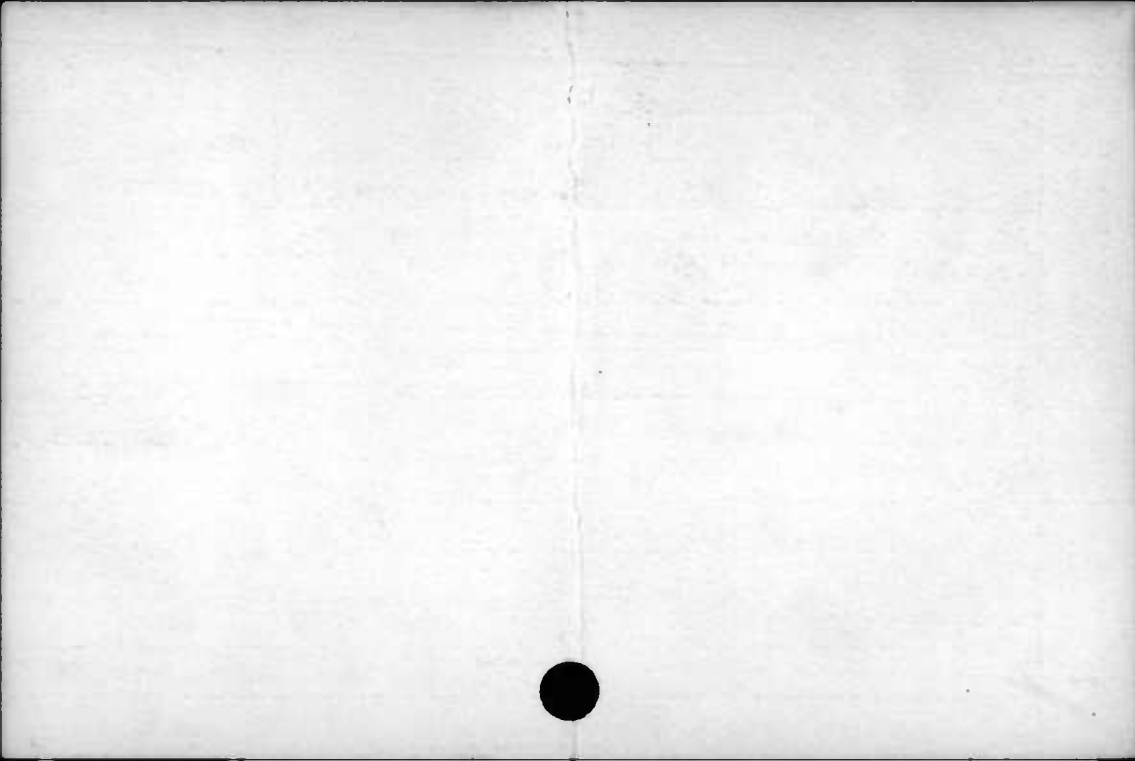
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parkton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>17</u>	Age <u>82</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>Widow</u>		Occupation <u>House Keeping</u>			
Name of Wife or Husband <u>Moses Thompson</u>					
Father's Name <u>Don't know</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>" "</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Harriet Johnson</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senectus</u>	How long <u>154</u>	How long <u>One week</u>
Immediate <u>Asthma</u>		
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>E. W. Heydecker</u>	
	Address <u>Parkton</u>	
Accident or Suicide?	<u>Alc.</u>	



Name
in
Full

CERTIFICATE OF DEATH

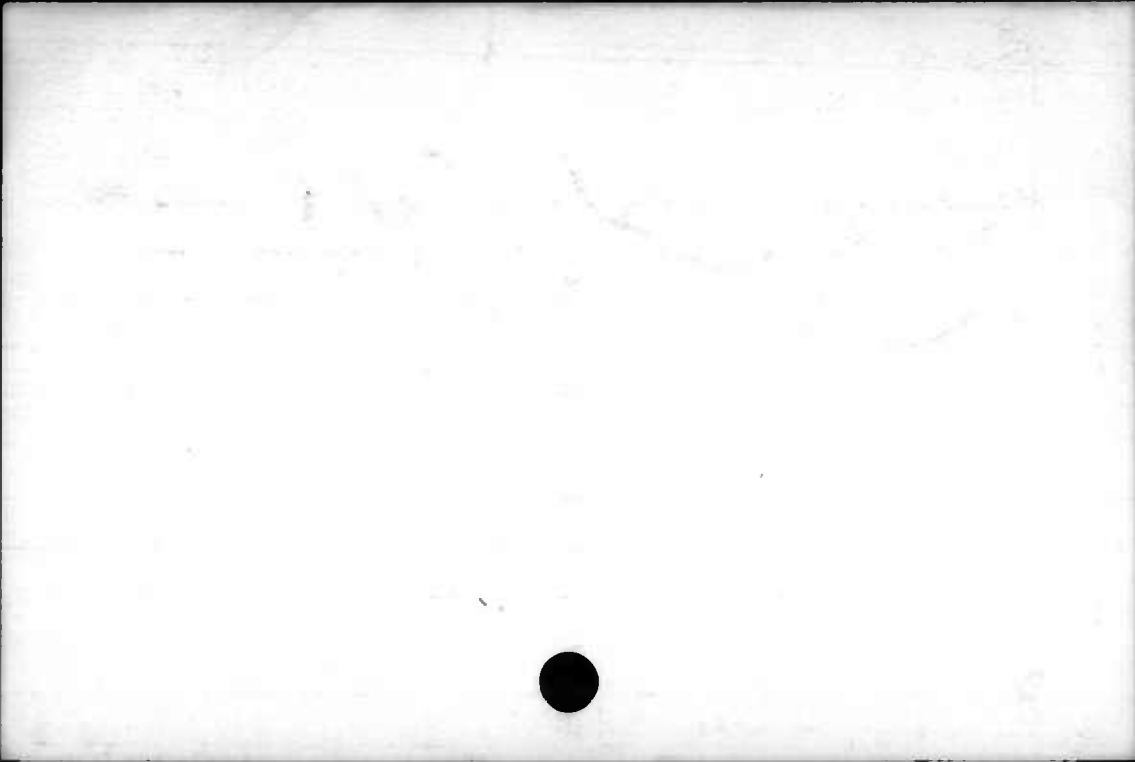
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ilchester</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND		
Date of death 1903	Month <i>Jan</i>	Day <i>15</i>	Age <i>18</i>	Years <i>18</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Warren Co North Carolina</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>Mill Hand</i>			
Name of Wife or Husband <i>William D Thompson</i>						
Father's Name <i>William D Thompson</i>			Father's Birthplace <i>Warren Co North Carolina</i>			
Mother's Maiden Name <i>Dasia Thompson</i>			Mother's Birthplace <i>Warren Co North Carolina</i>			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 week</i>
Immediate <i>congestion of Brain</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. B. Thomas M.D.</i>
<i>8</i>	Address <i>Union City Md</i>
	Accident or Suicide?



Name
in
Full

Hugo Tomat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> —		^{County} <i>Baltimore</i> —		MARYLAND	
Date of death 190	<i>3</i>	Month <i>1</i>	Day <i>12</i>	Years <i>—</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Adam Tomat</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Lucia Cras</i>			Mother's Birthplace <i>Italy</i>		
Name of person giving information <i>E. B. Wernslein</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>3 hours</i>
Immediate <i>Exhaustion</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. Trapido</i>
	Address <i>3 E. Gough</i>
Accident or Suicide? <i>—</i>	<i>Highlandtown, Md.</i>

1321, 3rd 24
" " "

Edward A. Byers

St. Francis County

Name
in
Full

Martha Tracey

CERTIFICATE OF DEATH

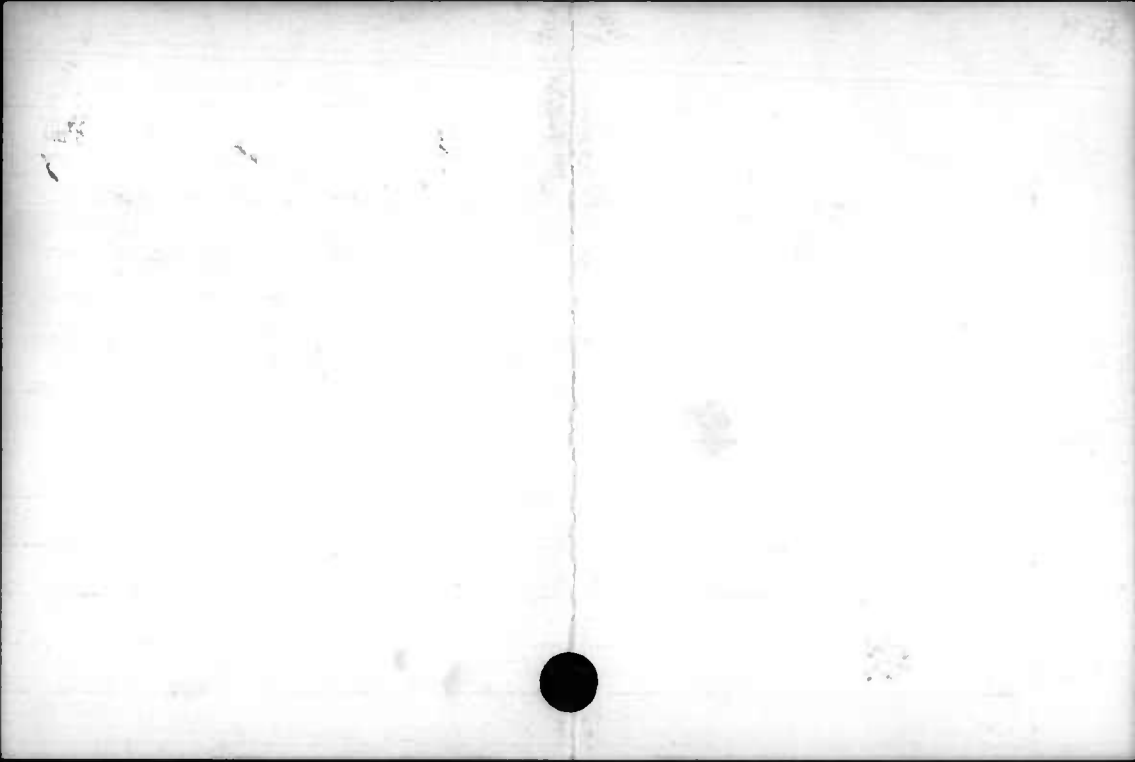
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beckleyville</i> ^{Town} <i>Balton</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>12</i>	Age <i>don't know</i> ^{Years} Months Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>	
Married, Single or Widowed <i>married</i>	Occupation <i>farm wife</i>		
Name of Wife or Husband <i>Martha Tracey</i>		<i>Jacob Tracey</i>	
Father's Name <i>George Eggleston</i>	Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>don't know</i>		
Name of person giving information <i>Columbus Tracey</i>	How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>45</i>
Immediate <i>Blood poisoning from Cancer</i>	How long <i>indignant</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Harris M.D.</i>
<i>J</i>	Address <i>Beckleyville W. Va.</i>
	Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James D. Uhler*

Town *Woodsburg* County *Beth.* MARYLAND

Died at *Woodsburg*

Date of death 190 *3* Month *1* Day *24* Age *26* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Married* Occupation *Motorman*

Name of Wife or Husband *Lena Uhler*

Father's Name *Charles W. Uhler* Father's Birthplace *Ind*

Mother's Maiden Name *Sallie Leury* Mother's Birthplace *Ind*

Name of person giving information *John A. Blizard* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cold* *27* How long *one year*

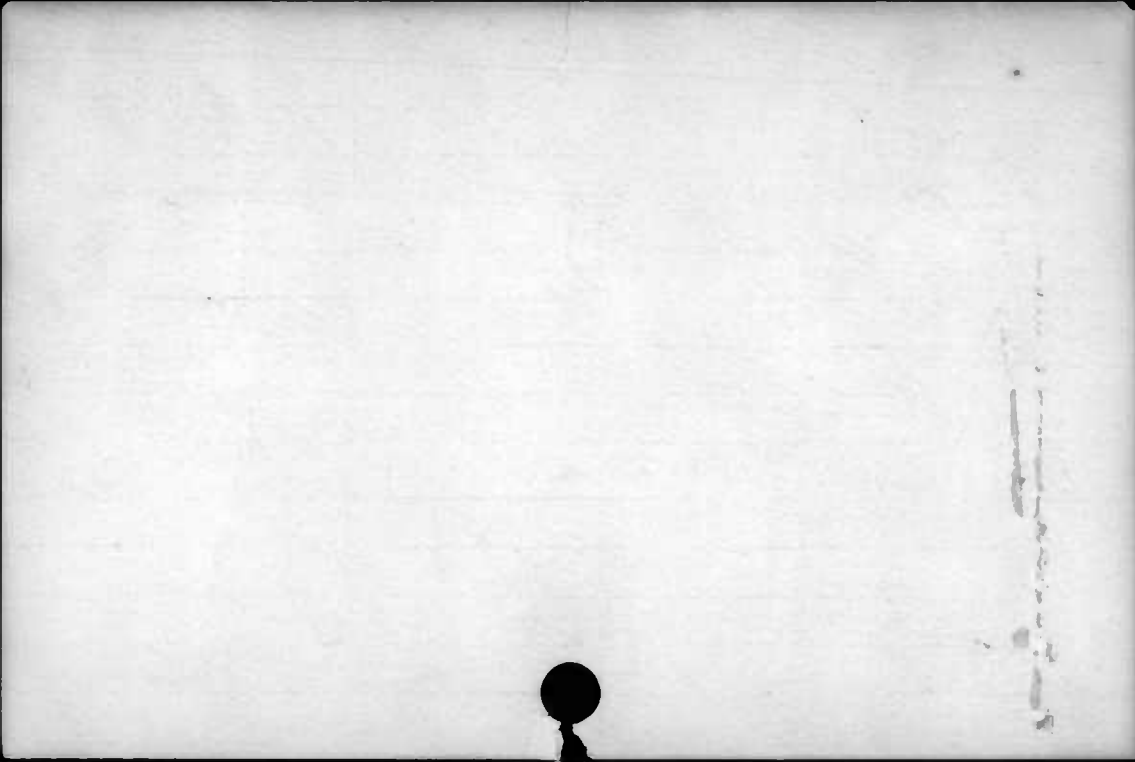
Immediate *Tuberculosis of Lungs* How long *one year*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo H. Wilson M.D.*

Address *Powblsburg Ind*

8 Accident or Suicide?



Name in Full *William Ankert*
 Died at *Kingville* Town *Baltimore Co.* County *MARYLAND*
 Date 19*03* *January* *15* Month Day Y. M. D. Age *8* Native of *Balt. Co.* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living
 Husband of
 Wife
 Father's Name *Geo. Ankert* Mother's Maiden Name *Byer*
 Cause of Death { Primary *Gastric Fever* Immediate *Convulsions* } How long sick *Two days*
 Accident, ~~Suicide~~, ~~Homicide~~
 Reported by *Charles Bagley M.D.*
 Address *Bagley, Maryland.*

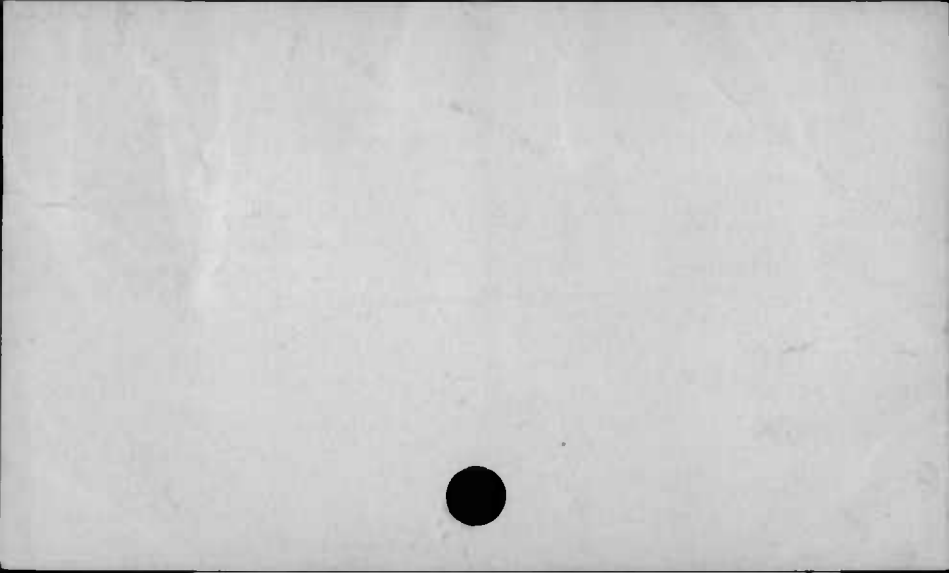
Must be signed by physician, or any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *John L. Upmace*
 Died at *Frederick* Town *Beth* County
 Date 19 *03* Month *1* Day *27* Age *82* Y. M. D. Native of *Maryland* Occupation *Retired*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ ~~Divorced~~
 Number of children living *4*
 Husband of _____
 Wife _____
 Father's Name _____ Mother's Maiden Name _____
 Cause of Death { Primary *Old age* Immediate *Cystitis* } How long sick *2*
 { *154* } ~~Accident, Suicide, Homicide~~
 Reported by *John A. Upmace*
 Address *Frederick*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Williams Wade

CERTIFICATE OF DEATH

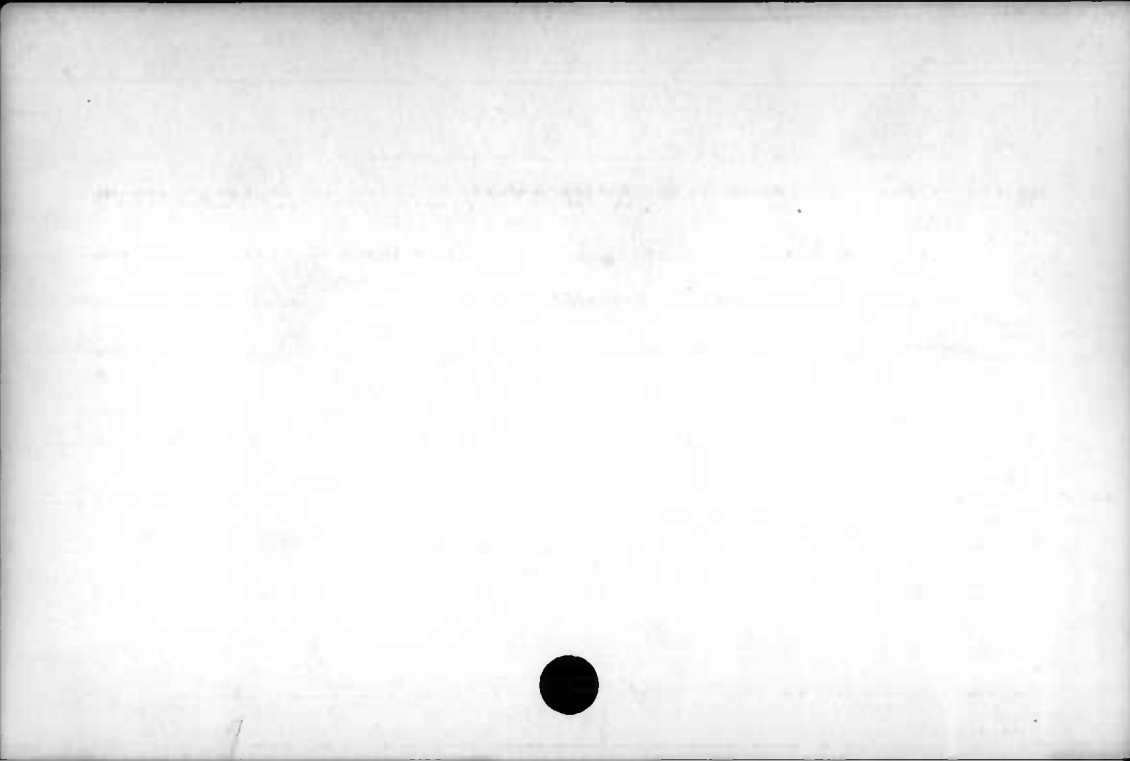
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u>		Town <u>Balto</u>		County	
Date of death 190 <u>3</u>		Month <u>1</u>	Day <u>18</u>	Age <u>22</u>	Years
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Balto Co</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>Painter</u>			
Name of Wife or Husband <u>Mollie Wade</u>					
Father's Name <u>J. W. Wade</u>				Father's Birthplace <u>Balto Co.</u>	
Mother's Maiden Name <u>Elizabeth Deering</u>				Mother's Birthplace <u>" "</u>	
Name of person giving information <u>Army Harold</u>				How related to deceased <u>None</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>166</u>	How long
Immediate <u>Rail Road accident</u>		How long <u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>August. W. Miller</u>	
<u>Yes</u>	Address <u>Coroner</u>	
Accident or Suicide?	<u>Atty. AM. Winans - Md</u>	



Name In Full

Certificate of Death

Dennis Walsh

Town

County

Died at Canton

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 4th

Age

78

Ireland Tailor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senility -

154

How long sick

3 mos

Death

Immediate

Valvular Disease Heart

Accident, Suicide, Homicide

Reported by

C. N. Pittney, M.D.

Address

82 Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79294



Name in Full

Certificate of Death

Died at Bulaney Valley Town Balto County MARYLAND
 Date 1903 Jan Month 14 Day Y. M. D. Age Native of Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~
 of

Wife

Father's Name U. G. Warfel

Mother's Maiden Name Lilian Edwards

Cause of Primary

How long sick

Death Immediate

Still Born S

Accident, Suicide, Homicide

Reported by Dr J. S. Green

Address Gittings Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maggie Waters

Town

County

Died at ~~Home~~

Towley

Belt

MARYLAND

Date 1903

Month Day
July 6

Age

Y. M. D.
42 - -

Native of

Maryland

Occupation

Cook

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

~~Husband~~

of

Elyzel Waters

Wife

Father's

Name

Tom McLean

Mother's

Name

Annet McLean

Cause of

Primary

Cancer of Stomach (Pyrosis)

How long sick

Several months

Death

Immediate

Insult

~~Accident, Suicide, Homicide~~

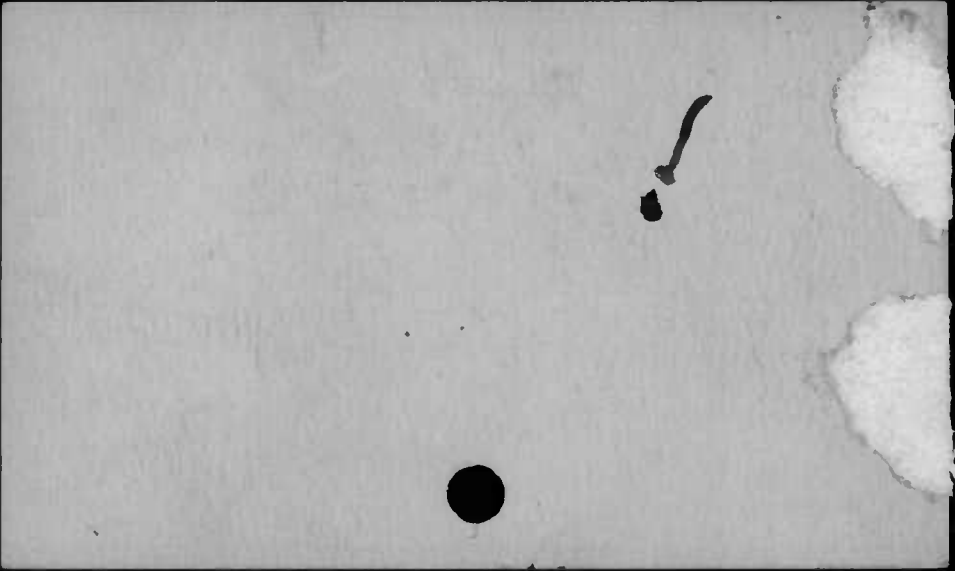
Reported by

Dr. A. H. S. Keyser

Address

Franklinville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James F Watts

Town

County

Died at New Market

Bolton

MARYLAND

Date 1903 Month Jan Day 28 Y. 1 M. 8 D. Native of Maryland Occupation none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife
Father's Name

Charles Watts 93

Mother's Name

Rosalie Watts

Cause of Death Primary Pneumonia Meningitis How long sick 15 days

Immediate Pneumonia Meningitis Accident, Suicide, Homicide

Reported by

Arthur Williams

M D

Address

E K Ridge

Howard Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frederick Weber

CERTIFICATE OF DEATH

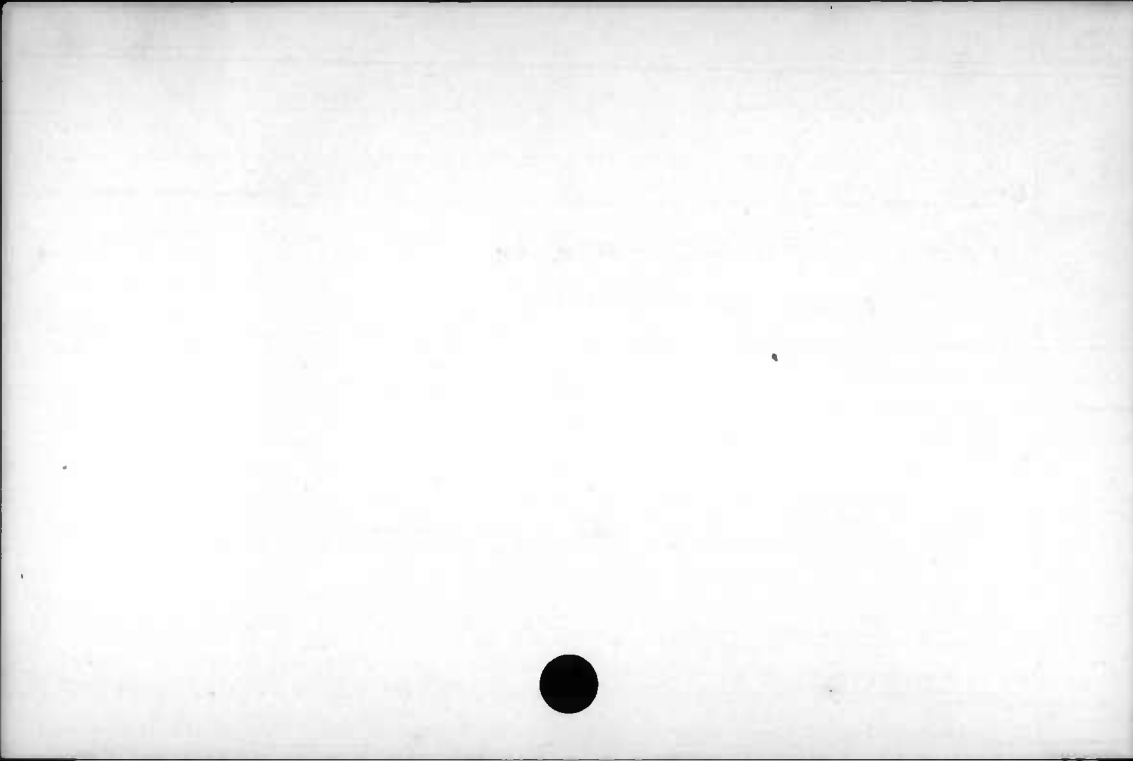
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> Town		<u>Baltimore</u> County		MARYLAND						
Date of death 190	<u>3</u> Month	<u>Jan</u>	Day	<u>21</u>	Age	<u>80</u> Years	Months	<u>3</u>	Days	<u>18</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Germany</u>			
Married, Single or Widowed	<u>Single</u>			Occupation	<u>Shoemaker</u>					
Name of Wife or Husband	<u>Mary Weber</u>									
Father's Name	<u>—</u>					Father's Birthplace	<u>—</u>			
Mother's Maiden Name	<u>—</u>					Mother's Birthplace	<u>—</u>			
Name of person giving information	<u>Wm J Weber</u>					How related to deceased	<u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>6 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Charles A. Maufelat</u>
		Address	<u>Catonsville Md.</u>
Accident or Suicide?			



Name In Full

Certificate of Death

Mrs Weagworth

Died at ^{Town} Rossville ^{County} Balto

MARYLAND

Date 1963 Jan 27 | Age 80 yrs - | Native of Germany | Occupation -

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 4

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of { Primary Chronic Bright | How long sick 6 mo
 Death { Immediate | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

Martha Hunt Wheeler

CERTIFICATE OF DEATH

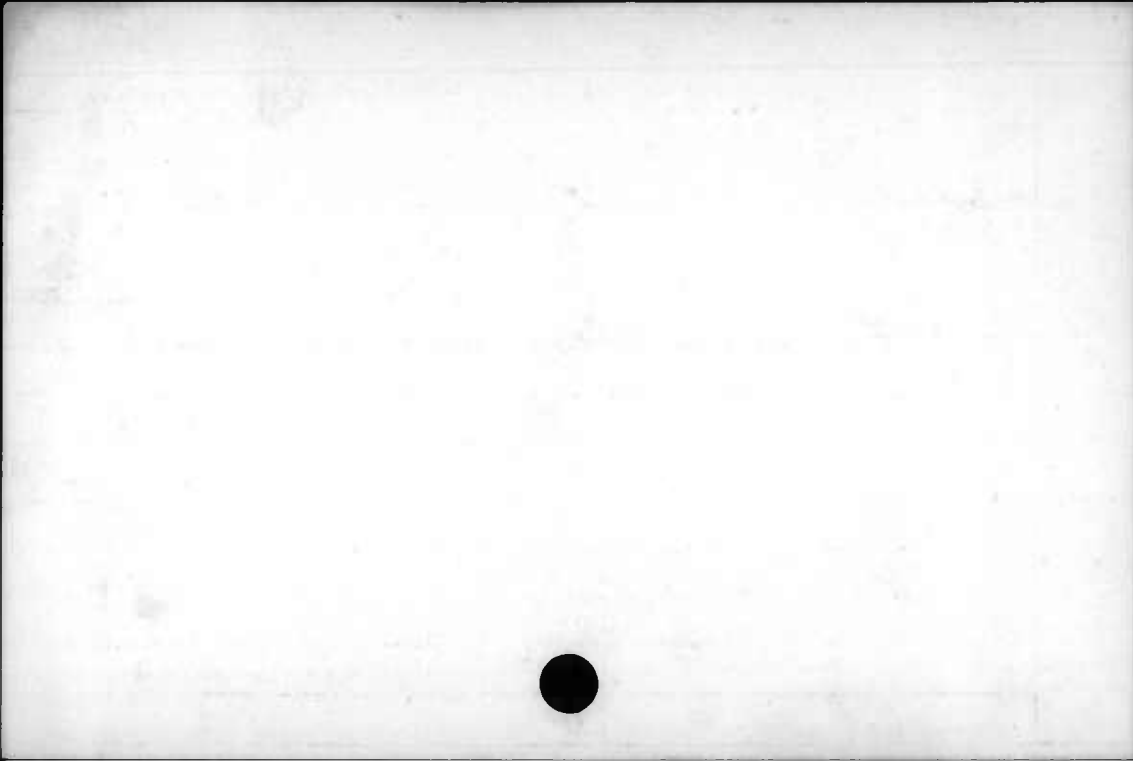
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pawson</i>		County <i>Baets</i>		MARYLAND	
Date of death 190	3	Month 1	Day 18	Age 78	Years 78	Months 1	Days —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>George F. Wheeler</i>							
Father's Name <i>Leah P. Patcher</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Nancy Goulet</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>Mary H. Lawrence</i>				How related to deceased <i>daughter</i>			

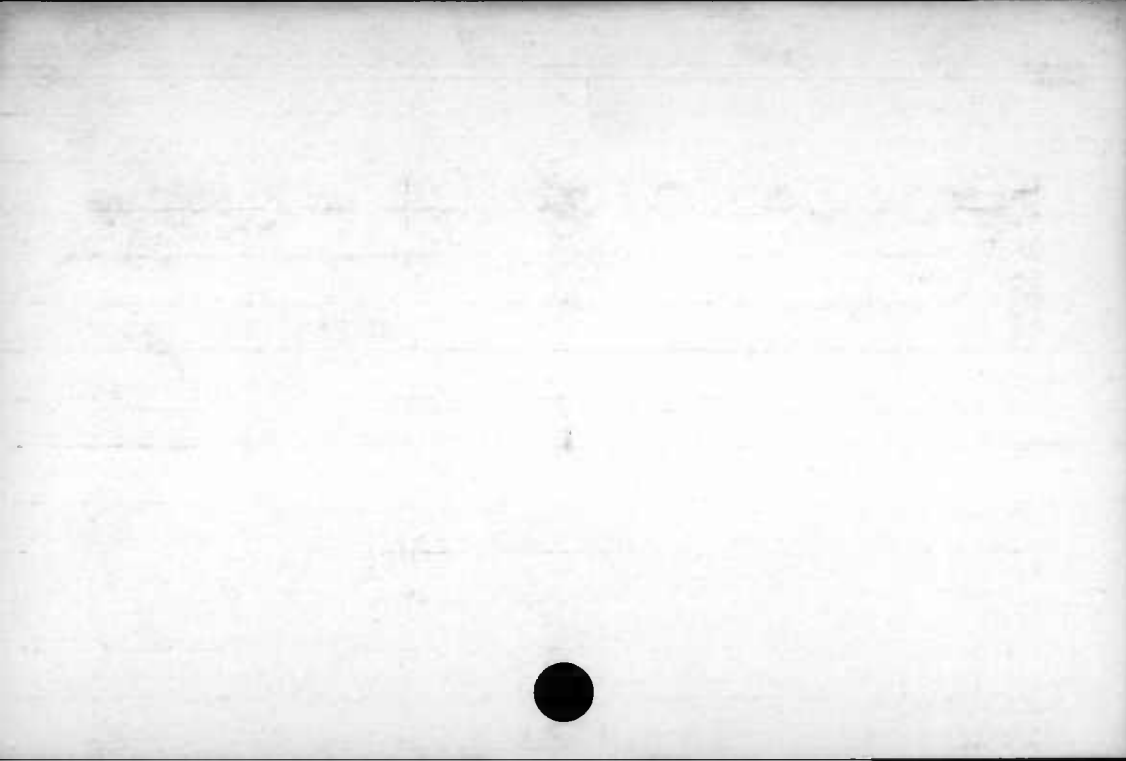
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Debility - infant to age</i>	How long <i>2 years</i>
Immediate <i>Hemiplegia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Macumber M.D.</i>
	Address <i>Pawson Md</i>
Accident or Suicide? <i>8</i>	



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Freeland P.O.</u> ^{Town}		<u>Baltimore</u> ^{County}				
				MARYLAND				
		Date of death 190 <u>3</u>	Month <u>Janry.</u>	Day <u>26</u>	Age	Years	Months <u>3</u>	Days <u>24</u>
		Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Co</u>			
		Married, Single or Widowed			Occupation			
		Name of Wife or Husband						
		Father's Name <u>John H. Whipperman</u>			Father's Birthplace <u>Bach. City</u>			
Mother's Maiden Name <u>Rora Blanche Tracey</u>			Mother's Birthplace <u>Baltimore Co.</u>					
Name of person giving information <u>John H. Whipperman</u>			How related to deceased <u>Father</u>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>La Grippe</u>			How long <u>2 weeks</u>			
		Immediate <u>Acute Bronchitis</u>			How long <u>2 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Joseph C. Bacon M.D.</u>			
					Address <u>Freeland R.R. St 1</u>			
		Accident or Suicide? <u>8</u>			<u>Bach Co. Md</u>			



Name
in
Full

Idell. Williams

CERTIFICATE OF DEATH

Died at

Cotonsville

Town

County

Hatter.

MARYLAND

Date

of death 1903

Month

1

Day

24

Age

Years

9

Months

11

Days

Sex

Female

Color or

~~skin~~

Colored

Birth-
place

Ind.

Married, Single
or Widowed

—

Occupation

—

Name of Wife or
Husband

—

Father's
Name

Robert Williams

Father's
Birthplace

Ind.

Mother's
Maiden Name

Laura Kraus

Mother's
Birthplace

—

Name of person giving
information

Robert Williams

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

5 days

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D E Stutz Ind.

Cotonsville

Ind.

Accident or Suicide?

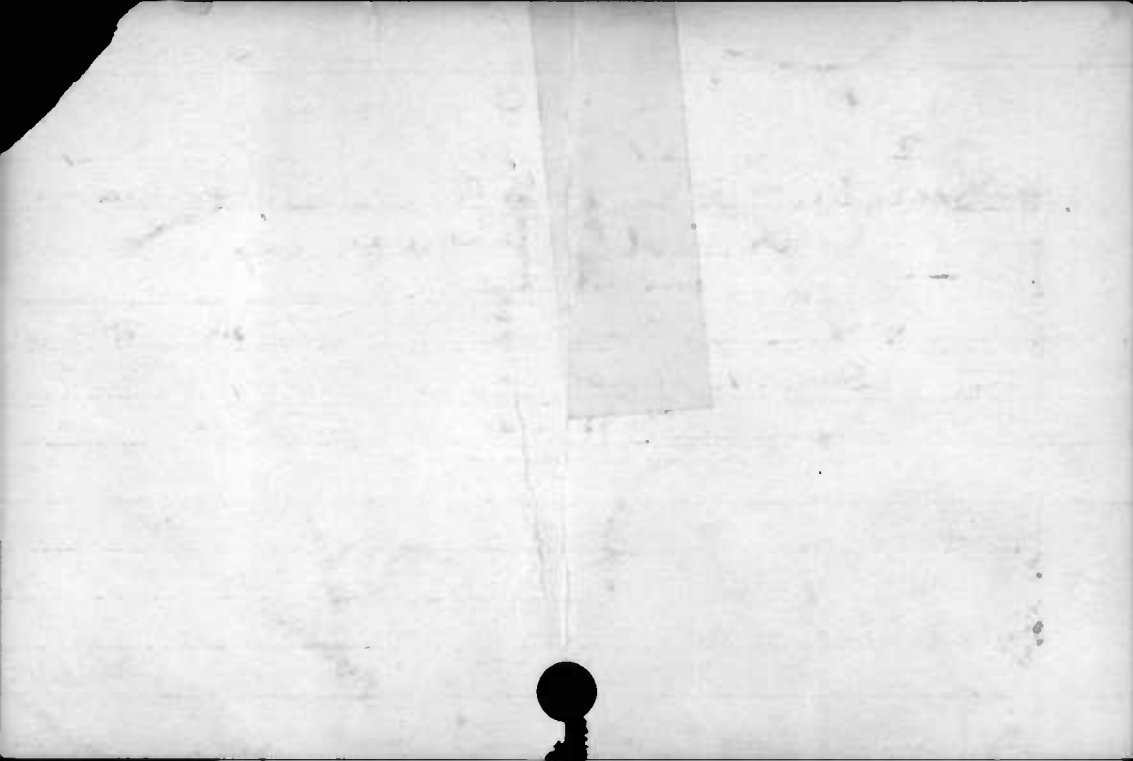
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name in Full		Amanda Young Wilson				CERTIFICATE OF	
		Town		County		MARYLAND	
Died at		jacksonville		Baltimore			
Date of death 190		Month	Day	Years	Months	Days	
3		Jan	21	79	9	21	
Sex		female		Color or Race		white	
				Birth- place		Maryland	
Married, Single or Widowed		married		Occupation			
				housewife			
Name of Wife Husband		Jackson Wilson					
Father's Name		John S. Curtis				Father's Birthplace	
						Maryland	
Mother's Maiden Name		Sarah Anderson				Mother's Birthplace	
						Maryland	
Name of person giving In formation		Amelia Wilson				How related to deceased	
						daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		old age & atheroma		How long		—	
	Immediate		apoplexy		How long		1 day	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. H. Embury M.D.	
					Address		Hess	
Accident or Suicide?		no						



Name in Full

Certificate of Death

Emma G. Wilson
 Town County

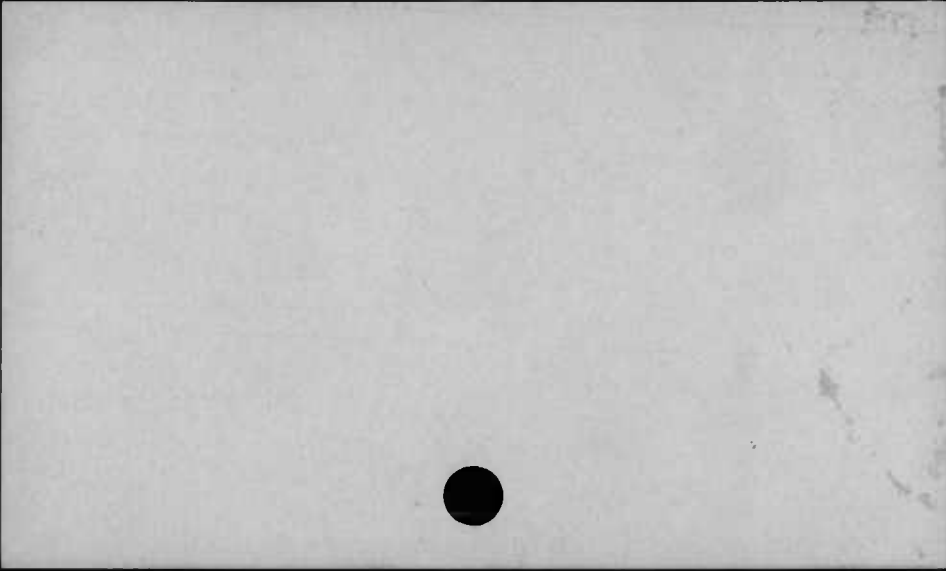
MARYLAND

Died at Grants Balt
 Month Day Y. M. D. Native of Occupation
 Date 19 03 Jan 16 Age 32 0 9 Prof. Housewife
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 4

Wife of Robert Wilson
 Father's Name L. Condon Mother's Name Jane Barnes
 Maiden Name

Cause of Death Primary Doubtly Pneumonia & Coma 8 days
 Immediate Cardiac Asthenia of Coma
 How long sick Accident, Suicide, Homicide

Reported by R. J. Triple And
 Address Grants And
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landshutown</i>		<i>Bell</i> County		MARYLAND	
Date of death 190	3	Month	Jan	Day	30th
Age		42		Months	—
Sex	Female		Color or Race	White	
Married, Single or Widowed		Married		Birth-place	Hebbville
Occupation		House-wife			
Name of Wife or Husband		August Wolf			
Father's Name		John Forbender		Father's Birthplace	Germany
Mother's Maiden Name		Katharine Forbender		Mother's Birthplace	Id
Name of person giving information		A. C. Smith		How related to deceased	Physician

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Breast</i>		How long	<i>five years.</i>
Immediate	<i>Multiple Myelitis</i>		How long	<i>five months.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>A. C. Smith</i>		
Address		<i>Landshutown Md.</i>		
Accident or Suicide?		—		

